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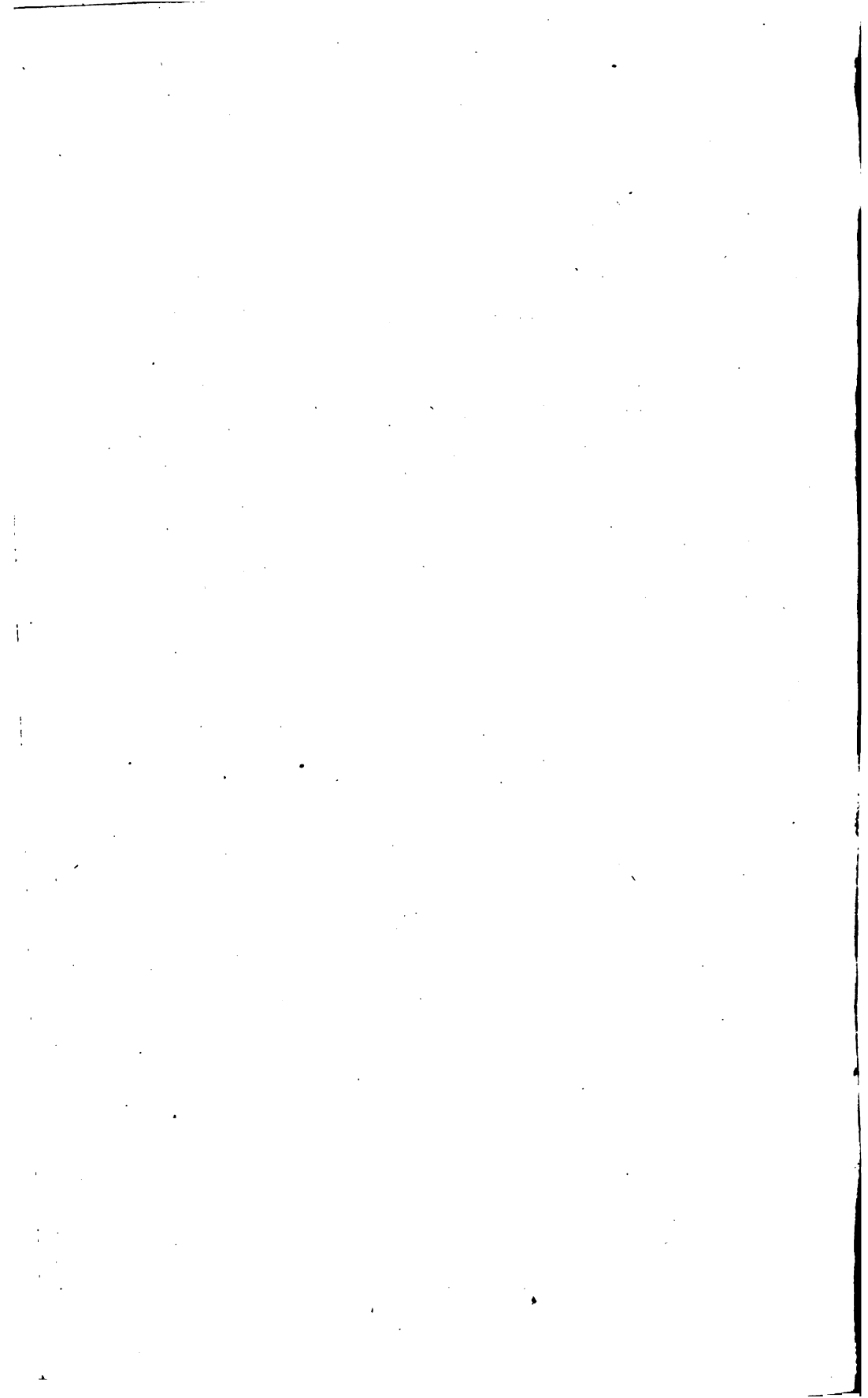
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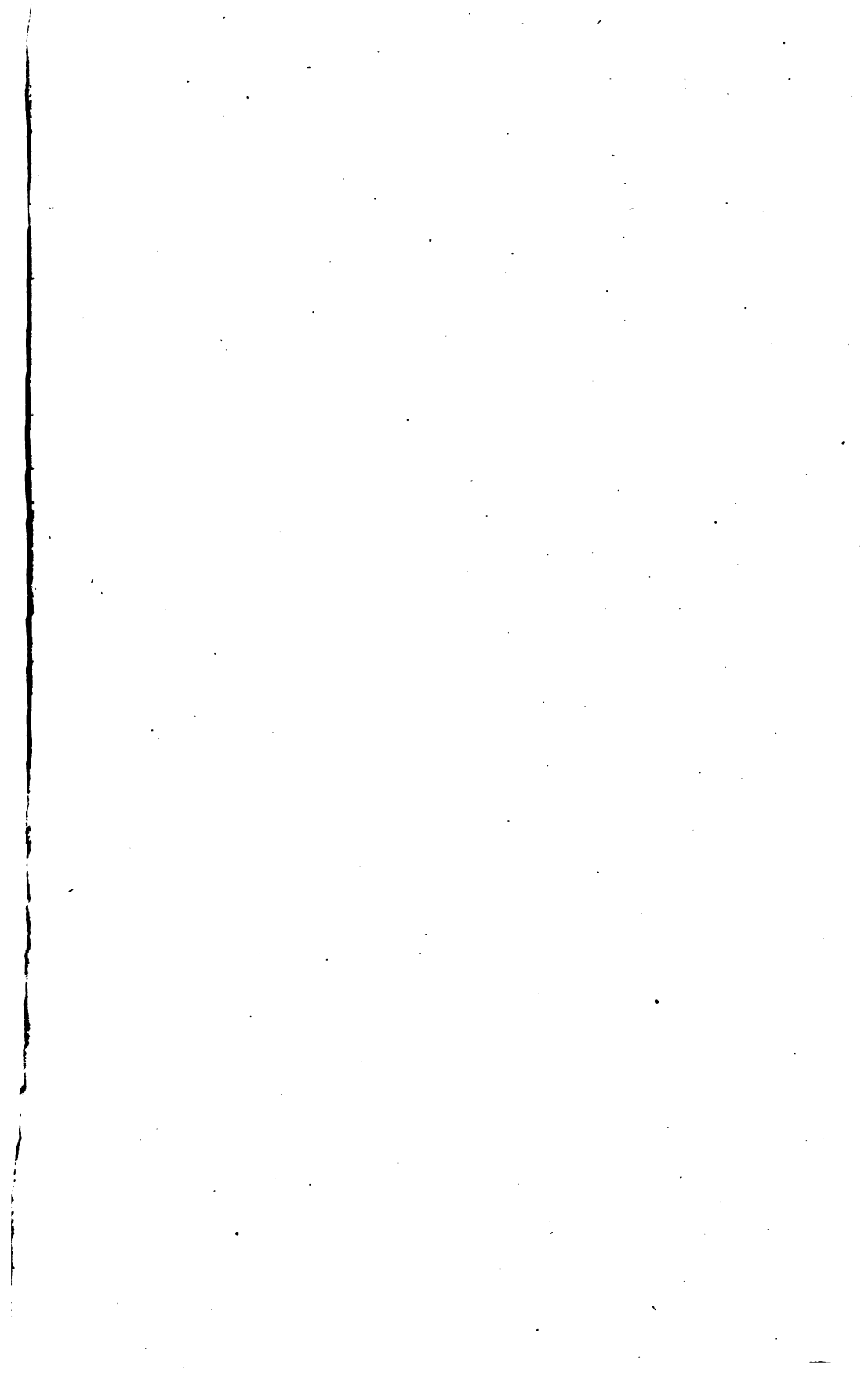
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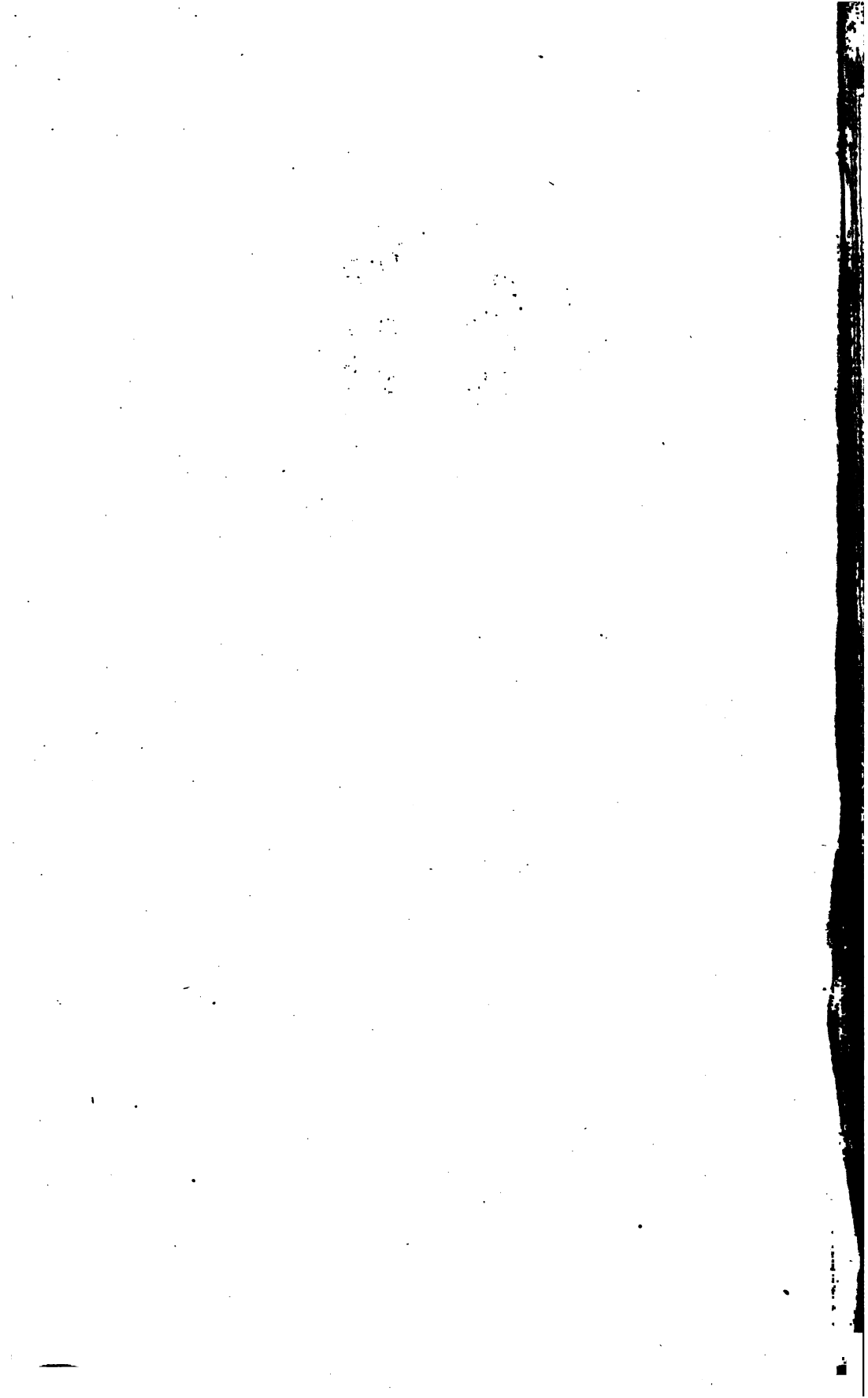
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WALTER S. WHEELS, M. D.

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No. 1.

CONTRIBUTORS.

RUPTURE OF QUADRICEPS EXTENSOR.

COMMUNICATED BY

J. FORD THOMPSON, M. D.,

Prof. Surgery, National Med. Col., D. C., President Medical Society, etc.

I was called October 7, 1878, to see M. L., aged 70, a native of Ireland, and living in the eastern section of the city. I was told that he had just sustained a fracture of the leg. Upon reaching the house I found lying in bed a small, old-looking man, who was suffering considerable pain in his right leg. After examination I detected a complete rupture of the quadriceps extensor muscle just above the upper border of the patella. I had, at first sight, taken the injury to be the common transverse fracture of that bone; but this mistake was not possible after examination, for it was entire, with a deep and broad hollow above extending to the femur, and it could be easily moved in any direction upon its tendinous attachment.

He stated that he had met with the accident whilst "dumping" a horse-cart loaded with clay, the "tail end" striking him at the knee. I dressed the limb at once with a plaster of Paris bandage; placed him in proper position, and elevated the leg to approximate the severed parts. He was kept in this position for five weeks, when the bandage was removed. During this time he had no unpleasant symptoms. The day after the removal there was noticed considerable effusions in the joint, which still continues, but no pain or fever. The union of the parts seems quite close, with the prospect of a perfectly good leg, although, as yet, he has exercised it very little.

I have been induced to report this accident on account of its extreme rarity, it being the first case of the kind I have ever seen.

TUMOR OF CEREBELLUM.

Condensed from original, read before Medical Society, D. C., November 18, 1878.

BY

W. W. JOHNSTON, M. D.,

Prof. Theo. and Prac. Med., National Medical College, D. C.

CHILD, age 5 years, 7 months; previous health good; parents both healthy. In December, 1877, began to walk with difficulty; awkwardness in the movements of right hand and arm; tendency to fall backwards in walking, and on one occasion she did fall, striking the back of her head. In January and February, 1878, she had the same difficulty in locomotion, with periods of apparent improvement. In the latter month she began to vomit occasionally. In March she walked with a staggering gait, and was unable to stand without tottering. She continued to grow worse and in June began to complain of pain in the occipital region. In July she was able to walk quite a distance but with the same unsteady step. The vomiting was more frequent and the occipital pains more constant. In August the same symptoms continued; occipital pains more severe. Throughout the whole of this time her intelligence was perfect, special senses and general sensibility normal.

September 2. The symptoms were occipital pain, spasmodic contractions of muscles of back of neck attended with severe pain and difficult deglutition. Pupils dilated; intelligence normal; no paralysis of lower extremities; general sensibility normal; the child lies on front of body, sometimes on side; face pale, general anæmia; pulse 110-120, of moderate strength; respirations rapid, generally from pain; slight elevation of temperature; is able to take food when offered; tongue coated white, bowels constipated, no vomiting. Ordered potass. iodide, 5 grains, and potass. bromide 8 grains every 3 hours; deodorized tincture opium, 5 drops, to relieve pain.

September 3 and 4. Symptoms unchanged; bowels moved by enema, liquid nutriment; vomiting several times daily; pain and spasms of muscles of nape of neck and spine.

September 6. Some improvement, less pain, spasms less marked.

September 8. Improvement in all symptoms, takes more food, lies on side or back; stiffness in movement of head from side to side; appetite good; movement of limbs feeble; vomiting once or twice daily.

September 12. Very much better; plays with dolls, talks distinctly; pulse less frequent, temperature lower, contraction of muscles of back of neck entirely gone; speaks indistinctly but talks a great deal;

movement of lower extremities feeble, but no absolute loss of power.

From this date for one month she continued apparently to improve. She occasionally sat in a chair for a little while; her appetite continued good. Iodide and bromide of potassium continued with intervals of suspension.

October 12. For several days has had some difficulty in swallowing, but to-day unable to swallow; solids and liquids were swallowed only after the effort had been continued for some minutes. Frequently milk or water would cause choking. Respirations sighing and irregular. Pulse normal. No paralysis of motion in lower extremities; no anæsthesia. Child much prostrated and depressed; lies on side the greater part of the time. The dysphagia continued for three days, then gradually improved, and by October 24 was able to take bread and milk, and had a good appetite.

October 28. Was sent for and found child lying on left side, face cyanosed, respiration labored, frothy liquid flowing from mouth in great abundance, fine moist râles heard throughout both lungs, pulse very feeble, extremities cold. Was told that the attack came on suddenly; preceded by some dysphagia. Ordered a large mustard plaster ($\frac{1}{3}$ flour) to be wrapped around thorax, and stimulants to be administered freely. In about ten minutes the froth ceased to flow from mouth, respiration became easier, the pulse improved, and color returned to the face.

October 29. Pulse feeble; unable to move lower extremities, but respiration easy; no râles in chest; deglutition difficult; vomits occasionally.

November 3. Daily losing strength; has had two returns of attacks of dyspnœa, attended with cyanosis and frothy liquid expectoration. Pulse frequent and feeble; no vomiting. Takes a good deal of food, chiefly liquid, and has a good appetite. Involuntary escape of urine; voluntary effort attended with great difficulty.

November 8. Failing rapidly; pulse frequent and feeble; responds in monosyllables to questions asked; intelligence unimpaired. In afternoon respiration labored and irregular. Pulse 140, feeble and irregular. Towards night tracheal râle with increasing dyspnœa; died at 12 p. m.

The principal features of the illness were the staggering gait, the occipital pain, vomiting and opisthotonos, dyspnœa and bronchorrhœa or acute œdema of lungs, dysphagia and the marked remissions and exacerbations in the graver symptoms.

Autopsy performed by Drs. Acker and Fry thirty-three hours

after death, November 10, 1878. Body emaciated; rigor mortis not marked. *Cranial cavity* opened. Dura mater normal; anterior portion of longitudinal sinus filled with long white fibrinous clot; posterior portion with soft dark clot. No increase of fluid in subarachnoid space except at base. *Pia mater*—vessels distended especially over posterior lobes and at base of brain. Capillary injection marked over posterior lobes and cerebellum. Patches of lymph along vessels at base. On examining region of cerebellum a tumor discovered, occupying a position between the two hemispheres of the cerebellum, projecting more on the upper surface of the cerebellum, being invisible from the under surface, and on this side covered with cerebellar tissue. The tumor was of soft consistence, and of a purplish color. Its greatest direct pressure was upon the posterior lobes of cerebrum. The ventricles of the brain were all distended with fluid, especially the lateral ventricles which were double their normal size and filled with fluid. The foramen of Munro was about the size of a three cent piece. The medulla oblongata was small, but did not seem to be otherwise altered.

The tumor was enclosed in a sac composed apparently of thickened pia mater. It measured two inches and a half in length, and two inches in its short diameter. There was softening of its upper exposed border, and its interior was friable.

On microscopic examination by Dr. E. M. Schaeffer the tumor was found to consist of very small cells, imbedded in granular matrix, not unlike the neuroglia of the brain. These cells, for the most part, contained a single oval nucleus; in others two or more nuclei were seen, with a corresponding increase in the size of the cell.

Rows of tubular and chain-like bodies, resembling the white substance of Schwann, and corpora amylacea, were also observed.

The opinion was therefore formed that the tumor was a Glioma.

INTUSSUSCEPTION OF ILEUM.

Read before Medical Society, D. C., November 18, 1878.

BY

D. W. PRENTISS, M. D.

[Condensed from original.]

CASE OF MR. D. K. H. Aged 30 years; slender build; delicate constitution. Occupation: Assistant Examiner in Patent Office.

Previous to present attack had not been in his usual health for several days; weak and dispirited; loosing flesh; appetite capricious; frequent wandering pains in the abdomen.

July 7, 1878. Spent the day with his family in the woods; felt unusually well and buoyant; ate a light lunch, and picked and ate a few blackberries. Returned home late in the afternoon, partook of a hearty dinner, which was almost immediately vomited. Later in the evening ate some custard, and still later some frozen peaches and cream. Was uncomfortable and restless all night.

July 8. Colicky pains in the morning, somewhat relieved by a free passage from the bowels. Went to the office, but returned home at noon on account of violent cramping pain in the abdomen. When I saw him at 3 o'clock he was suffering most violent colic pain, with constant vomiting, feeble quick pulse, pinched, anxious countenance and cold extremities. Pain was constant, but worse in paroxysms, and attended by cramps in the legs. Sinapisms had been applied to abdomen and whisky administered internally without perceptible effect. I gave at once a hypodermic injection of morphia gr. $\frac{1}{4}$ and atropia gr. 1-60, with the result of relieving the vomiting and acute pain, but the dull aching still continued. Large poultices were applied over the abdomen, and a mixture containing bicarb. soda, rhubarb, and opium, every four hours. Also, an anodyne of morphia, gr. $\frac{1}{4}$, and chloral, gr. xx, to relieve pain.

July 9—a. m. Pulse 140; extremities cool; no vomiting; face pinched; abdomen very tender; tender tumour about the size of a duck egg, irregular in shape, in the region of the ilio-cæcal valve. Moderate tympanitis; no movement from the bowels. Ordered an enema of castor oil and turpentine, in emulsion, and warm water compresses to abdomen. *P. M.* Took three enemas of one pint each, without producing an evacuation; tumor has disappeared from ilio-cæcal region. Can detect a soft shapeless mass apparently in the ascending colon. Abdomen very tender to pressure, but not particularly so in any one part. Still much distressed and pinched in appearance. No vomiting; pulse 140; compresses continued; also f3i. of brandy every hour. Morphia and chloral as required to relieve pain.

July 10. Pulse, 128; no vomiting; tympanitis slightly increased; greatly distressed and restless. Ordered large enema of castor oil emulsion to be given in knee and elbow position. One quart was all that could be injected. The first portion came away clear almost immediately; a second portion was discharged shortly after tinged with blood. After a further interval there was a third discharge, very bloody, containing about four ounces of black grumous blood, of very disagreeable odor, mixed with the injection.

At his urgent request his wife gave him a second injection similar to the first, bringing away more blood of like character.

P. M. Condition almost of collapse; pulse 120; temperature 96; extremities cold; capillary circulation sluggish; face pinched and pale; supposed to have internal hemorrhage; fl. ext. ergot, f3i every hour, and brandy *ad lib.* At 10 o'clock p. m., after taking chloral mixture, vomited freely the contents of the stomach. No fecal odor in the matter vomited. Eructates small quantity of greenish water occasionally; tympanitis increased; tenderness more marked in the region of descending colon. Ordered morphia, gr. $\frac{1}{8}$; arom. sul. acid, gtt. x; aq. camph., f3ss every 3 hours.

July 11—a. m. Pulse 112; temperature 97.5; Dr. J. T. Johnson in consultation; tympanitis the same; vomited at 1 o'clock in the night, not stercoraceous; morphia and bismuth in place of acid mixture.

July 12—a. m. Dr. Johnson in consultation. Pulse 116; temperature 99.8. Tympanitis about the same. Double dose of powders of morphia and bismuth ordered. Vomited again in the night after taking medicine. *Six o'clock p. m.* Drs. Busey and Johnson in consultation. Pulse 116; temperature 99.5; respiration more embarrassed; has been thoracic from the first. Tympanitis more marked, especially over region of ascending and transverse colon. Dulness, with marked tenderness, over region of descending colon. Examination per rectum with the finger revealed nothing except the presence of clotted, black blood as high up as the finger could reach. No vomiting, but frequent eructation of greenish water, and without fecal odor. Ordered calomel, gr. ii, every two hours, and blister 10x12 inches over abdomen; morphia and atropia hypodermically to relieve pain; beef tea and brandy *ad lib.*

July 13—11 a. m. Consultation with Drs. Busey and Johnson. Condition worse; pulse 136, feeble; temperature 100°; respiration 14 per minute and entirely costal. Deep sleep from hypodermic injection of morphia and atropia administered two hours previously. Gave f3i brandy hypodermically. Tympanitis much increased. Constant desire for stool, but passes nothing. Whole surface of abdomen blistered. Large enema of tepid water administered with effect of bringing away considerable quantity of stale blood with a number of blackberry seeds admixed. Patient seemed somewhat relieved after enema, became more quiet; roused up and seemed better; intelligence perfect.

July 13—3.30 p. m. Very restless; at times flighty; expression

Hippocratic ; eyes sunken ; pulse 120 ; temperature 100°2 ; free vomiting of greenish water, at least three quarts, without smell ; urine has been normal, abundant and freely passed from the first.

6.30 p. m. Consultation with Drs. Busey and Johnson, and also, two hours later, Dr. F. A. Ashford, and Dr. Holston, of Zanesville, Ohio.

Large enema of warm water administered, with result of bringing away more old blood and blackberry seeds. Dr. Busey attempted to pass the sigmoid flexure of the colon with the tube of a stomach pump, but failed—the tube bending on itself six or eight inches up. Its introduction into the rectum drew off about three gills of semi-fluid decomposed blood, and some wind. Examination of abdomen showed dullness in region of ilio-coecal valve ; tympanitis not excessive. Question of laparotomy was discussed and deemed inadvisable, as also the question of aspirating the intestine to remove accumulation of gas.

July 14—10 a. m. In a state of collapse ; pulse 112, barely perceptible ; temperature 99.6 ; surface cyanosed ; hypodermic injections of brandy produced no effect ; eructations since last night have been almost constant, of a greenish brown water, having a decided stercoraceous odor, and seemed to consist of a mixture of what had been taken into the stomach, mingled with bile ; died at 12 m., quietly ; passing, *in articulo mortis*, a white, compressed, fibrinous clot, about the size of a hen's egg.

Autopsy. Five hours after death. Present, Drs. Busey, Ashford, Holston, Johnson, and Prentiss. Rigor mortis well marked. Parietal peritoneum presented a streaked appearance. Intestinal peritoneum inflamed in places, but peritonitis not general. Whole cavity of the abdomen filled by small intestines greatly distended by gaseous and fluid contents. Examination discovered a *complete invagination of the ileum*, constituting a tumor of irregular shape, at a point measuring five feet above the ilio-coecal valve, and situated deep down in the left hypo-gastric region, completely covered by coils of intestine above it.

The specimen was removed, and the contents of the gut above drawn off, amounting to two gallons of the same kind of brownish-green fluid that had been eructated, and having a strong fecal odor. The intestine below the invagination contained a large clot of black disorganized blood. The colon for its whole course was empty and contracted down to the size of one's thumb.

Description of Specimen. The invagination, as already stated, was

five feet above the ilio-cæcal valve, and presented a most complete case of telescoping of the intestine, the upper portion being pushed into the lower to the extent of about seven inches, forming a *cul-de-sac*, filled with firmly clotted blood, making a semi-solid tumor. The constricting band was so tightly drawn that firm traction failed to release the imprisoned bowel. The portion of ileum below the strangulation could easily be everted, exposing the mucous membrane of that portion which had at first telescoped—very dark red from commencing sphacelus, and oozing bloody serum.

The substance passed from the rectum, *in articulo mortis*, was thought at the time might have been either the cause of obstruction or a slough from some portion of the bowel, although a casual examination failed to show any organized structure. It was submitted to Dr. E. M. Schaeffer for microscopical examination, and the following is his report :

“After macerating for several days in dilute glycerine thin sections were cut, and it was found to consist of a blood clot, composed of corpuscles rather than fibrin, and mingled with considerable quantity of mucus from the bowel. It was quite dense, resembling a membrane in appearance, but no organization had taken place in it. No trace of muscular or mucus tissue from the bowel was found.”

Dr. Prentiss concluded his paper as follows:

“This case, Mr. President, is of interest as presenting a complete history of a typical case of intussusception of the intestine. The telescoping probably took place at the time of eating dinner, after the return from the country, and was the cause of the vomiting. But there being no constriction there was no pain, and the vomiting was not kept up. During the whole night there was a sense of uneasiness and impending evil from this abnormal condition, but strangulation did not occur until the middle of the following day, when it was evidenced by symptoms of violent colic. On the third day a tumor showed itself in the region of the ilio cæcal valve, but disappeared again in the afternoon after large enemata had been given. The passage of blackberry seeds with the decomposed blood showed that the passage-way had not been entirely closed up to noon of the second day. Vomiting did not come on, after the initial vomiting of shock, until the fourth day, and was only occasional until the sixth day. It did not become stercoracious until the night of the seventh day, twelve hours before death.”

A very interesting discussion followed the reading of the above paper, during which many valuable suggestions were offered regarding the diagnosis and treatment, as well as unjustifiable interference in similar cases.

The president, Dr. J. Ford Thompson, by request, gave a lucid exposition of the propriety as well as impropriety of surgical interference in various conditions of intestinal obstructions, which, together with the views expressed respectively by Drs. Busey, Prentiss, J. T. Johnson, Triplett, A. F. A. King and W. W. Johnston, supported by quotations from standard authors, we consider of such importance in guiding others in their future efforts to rescue patients in similar formidable conditions, that we shall request the report of the discussion for publication in our next issue.

ON THE TREATMENT OF PLACENTA PRÆVIA.

Read before the Medical Society, District of Columbia, 27th February, 1878.

BY

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[Condensed from original.]

Dr. JOHNSON, after remarking upon the importance of prompt diagnosis and skilfull treatment, presented the views of former writers and teachers of midwifery, giving the statistics of the results obtained, with the treatment which they recommended and practiced.

In a paper read by Greenhalgh, before the Obstetrical Society of London, 1864, the following statement is made: "From large and impartially collected statistics of cases of placenta prævia, one mother out of every four and one-quarter is lost, and two-thirds of all the children are still-born."

The foetal mortality was so great in the modes of treatment generally practiced previous to 1864, that Sir James Simpson and Churchill expressed the opinion "that the hope of saving the child ought scarcely to influence the treatment," and, with their followers, so managed these cases as to practically disregard its safety.

Dr. Johnson stated it as his belief that by selection of a time for the induction of premature labor, in cases clearly diagnosed, and before the vital powers of the patient had become exhausted by copious or repeated hemorrhages, that the lives of many women and children could be saved, which, as we see by Greenhalgh's figures, were lost under the form of treatment so universally in vogue previous to the date of his paper.

The two following histories of cases selected from the doctor's consultation practice illustrate the treatment which has heretofore been

the routine practice, and which still has the indorsement of many text-books :

Case I—Was called in consultation on the evening of January 23, 1877, to see a case of placenta prævia with Dr. M. The lady was 36 years of age and the mother of four children. She had been the subject of exhausting hemorrhage in each confinement. During the last two months of this pregnancy the doctor had treated her for three severe attacks of flooding, which he had been able to control, and she was now in actual labor at her natural term. Treatment which had formerly succeeded now failed. She had previously been relieved by doses of tinct. opii, acetas plumbi, galic acid, cold drinks, and cold applications freely used about the vulva, thighs and abdomen, and quiet in bed. In this attack gushes of hemorrhage occurred on the evening of the 22d. They increased in quantity and frequency, and labor pains setting in, the doctor was called about daylight of the 23d. So alarming was the flooding at one time during the day, that the doctor expressed his fears to the family that she might not survive. She, however, rallied under the use of brandy, ammonia, and beef-tea. When I saw the patient, twenty-six hours after the commencement of labor, she was much prostrated and had a pulse of 145 to the minute. Her pains had almost entirely died out, accomplishing actually nothing but the discomfort of the sufferer. The vagina was securely tamponed with sponges medicated with matico, and no hemorrhage had taken place for several hours. After administering another potation of brandy and beef-tea, at the doctor's request, I removed the tampon and easily diagnosed a partial placental attachment over the os uteri and a vertex presentation.

By the use of Barnes' dilators the cervix was at the end of an hour sufficiently dilated to easily admit the hand, and podalic version was performed without difficulty. The child was still-born. The mother had felt no signs of life, and the foetal heart was not heard for twelve hours previous to delivery. Soon after the introduction of the dilator contractions came on and were encouraged by the use of ergot, pressure and friction. As the child was extracted Doctor M. followed the uterus down with his hand, securing at the same time expression of the placenta and firm uterine contraction. The vulva was washed with cold water and dry napkins placed against it. The interior of the uterus had been mopped over with a solution of matico, and so firm contraction secured by it and constant pressure that no further hemorrhage occurred. The lady rallied for a while,

but subsequently sank and died, in the full possession of her faculties, seven hours after the delivery of the child.

Case II—Was called in great haste from the Medical College on the 10th of October, 1877, to see a lady in labor, and flooding to an alarming degree. I found the patient was under the care of a female homeopathic physician. The urgency of the symptoms were such that I could not decline to render any service which I might to avert what seemed to be speedily approaching death. The history of this case was similar to the one just detailed. The lady was the mother of four children. She had had several attacks of flooding, and a diagnosis of placenta prævia had been plainly made six or eight weeks before labor came on. Hemorrhage had subsided each time under quiet, rest in bed, cold drinks and cold applications and some kind of infinitesimal dosing, I don't know what. I found that in this attack the lady had lost much blood, and the labor pains, which had at first been powerful, had nearly died out. Her vital fluid was constantly oozing away. Her pulse was 148; she was excited and anxious. Her prostration was so great that it did not seem wise to make any change in her position in bed. The patient, family, friends and the attending physician all urged speedy delivery, and as an empty and firmly contracted uterus seemed to present the only hope of controlling the hemorrhage and saving her life, I passed my hand through a very dilatable cervix, turned and slowly delivered a still-born child. The placenta came away soon after. The uterus was made to contract firmly, and no subsequent loss of blood took place; an hour after her delivery the patient had a fair pulse, and only 98 to the minute. My connection with this case ended with the grateful acknowledgements of the husband as I left the house. The attending physician then resumed charge of the patient. She called and informed me two weeks later that Mrs. C. died on the ninth day after delivery. She never fully recovered from the loss of blood which she had sustained, though, until the fifth day she gave fair promise of recovery. When left alone on the fifth day she got out of bed and walked barefooted into the next room, where she was found by some of the family, having fainted. After this she had chills, high temperature, and great prostration, and grew worse until the ninth day, when she died. She had no abdominal pain or hemorrhage after delivery.

These two women and their unborn children perished from the effects of hemorrhage. This hemorrhage was not controlled by the treatment usually practiced. Although the attacks occurring pre-

vious to confinement were arrested, no human wisdom or foresight could calculate at what hour other and perhaps fatal attacks might come on. They were certainly *liable* to occur at a time and under circumstances precluding the possibility of securing skillful medical aid in time to prevent death. Their greatest safety, therefore, was in eliminating the element of danger, and by the induction of premature artificial delivery, securing an empty and firmly contracted uterus. The risk to the child, as well as to the mother, is less by this mode of treatment than to allow the case to progress, be the patient watched ever so vigilantly.

Had a time been selected after the first hemorrhage, when the diagnosis was clearly made out, and premature labor brought on, these viable children and their mothers, in the cases just referred to, would have had a much better chance of living than by temporizing with the treatment used. The prospect for the child, which is usually so poor when born prematurely, is really better when safely out of the uterus, than in it, with this sword of Damocles suspended over its innocent head by such a brittle thread. Thomas says upon this subject: "I cannot resist the conviction, that when premature delivery becomes the universal practice for placenta prævia the statistics of the present day will be replaced by others of a far more satisfactory kind."

Barnes, in 1864, gave a total of 83 cases of placenta prævia treated by the induction of premature labor. The deaths were only 6, or 1 in 14. Greenhalgh had seen 10 cases without a single maternal death, and only two of the children were lost. Barnes reported 63 cases in succession with only one foetal death; and Hall Davis had induced premature labor in 24 placenta prævia cases with only two deaths. Thomas reports 11 cases with only two deaths. Grailey Hewett refers to cases lost under the temporizing method, which, he believes, could have been saved by the timely induction of labor, and in a speech in the Obstetrical Society, of London, in 1864, urged that body "to express its emphatic opinion on this subject for the purpose of giving authority to this operation, so that patients known to have placenta prævia would not be left by practitioners to perish at any moment from hemorrhage." This point was illustrated by the following case from Meigs, given in the language of that author: "I may say that we had here in Philadelphia three physicians, the celebrated Prof. Dewees, Dr. Eberle, and Dr. John Ruan, each of whom had a considerable share of the obstetric practice of the city. Dr. Eberle had under his care a lady in Market

street, whose residence was about two and a half squares from his own house. Dr. Ruan lived about a square, and Dr. Dewees was distant three squares. After Dr. Eberle had made the diagnosis of placenta prævia, the flooding having been suspended, he engaged the husband of the lady to send off three messengers as soon as the attack should come on again, one for Dr. Ruan, who was nearest, one for himself, and one for Dr. Dewees, hoping in this way to secure the prompt attention of at least one of the three. Not long after this, hemorrhage came on again, and was so violent as to prove fatal before they could assemble at her bedside."

Had these very able physicians employed their skill to *empty* that lady's uterus, after they became aware of the existence of placenta prævia, instead of *waiting*, they would probably not have been called upon to lament the untimely death of herself and child.

Greenhalgh shows that only one maternal death occurs in fifty-three cases where premature labor is induced, and that only one-third of the children are lost.

Dr. Johnson also cites corroborative evidence from Playfair, Leishman, Hicks, Elliott, and Parvin in support of inducing immediate delivery in similar cases.

Meadows is also very emphatic. He says: "No matter what the period of utero-gestation, any large loss of blood demands the termination of pregnancy, for, to leave a patient to be subjected to another attack, coming on, as it would do, without any warning, is, in truth, to place her life in imminent danger. The *only* justifiable ground for a temporizing policy is a slight discharge, absence of pain, an undilated os, and a period of pregnancy short of six months."

Barnes, the highest living authority in obstetric practice, as Dr. Albert Smith, of Philadelphia, declares, makes use of the following language: "The first question, we have seen, is to decide whether the pregnancy can be allowed to go on. If the pregnancy is only five or six months, the os not dilated, all pain absent, and the hemorrhage very moderate, we may temporize, watching, however, most vigilantly. But if the hemorrhage be at all profuse, and there be any sign of uterine action, act at once; accelerate the labor. Above all, do not trust to the weak conventional means of keeping the patient in the recumbent position, in a cool room, with cold cloths to the vulva, mineral acids, and acetate of lead. This is but trifling in the presence of a great emergency. Commonly they do no good whatever; they always lose precious time. The great hæmostatic agent

is contraction of the uterine fibre. To obtain this contraction is, therefore, the end to be sought."

Playfair and Leishman refer to the use of astringents in every possible form and confess that they are not even in the slightest degree to be depended upon.

Dr. Johnson summed up his remarks upon prophylaxis as follows: "I have now, Mr. President, drawn the attention of the society to the dangers of delay in temporizing in these very hazardous cases. We have seen that up to 1864, according to Greenhalgh, one mother out of every four and a quarter was lost, and more than two-thirds of the children were stillborn; from past experiences eminent obstetricians have regarded the loss of the fœtus as so probable that they have advocated and practiced treatment in which its welfare was totally disregarded; that when hemorrhage has once occurred we cannot tell at what hour we may have a copious and perhaps fatal return of the flooding; that it is liable to occur suddenly and at a time when medical aid cannot be speedily procured."

In the practice of former methods of treatment we are constantly in doubt and tormented with anxiety. With the most vigilant watchfulness and the engagement of the most skillful accoucheurs, cases are liable to terminate fatally before their arrival at the bedside, as in the case from Meigs, detailed above, or to have sustained a loss of so much blood as finally to cause death through exhaustion or anæmia, as in the cases reported by myself. Instances of either kind will be remembered by all busy practitioners. While, by the timely and skillful induction of premature labor, we have seen that Greenhalgh saved all the mothers and eight of the children in ten cases occurring in his practice. Barnes had eighty-three cases with only six deaths, and sixty-seven cases successively without a single death, and two-thirds of the children were born alive. Hall Davis induced premature labor for this condition twenty-four times with only two deaths."

"*Hemorrhage is the one great source of danger, and is fatal alike to mother and child.* Women die, of course, from laceration of the vascular cervix, absorption of septic material, and are predisposed to puerperal diseases, but this is the chief factor. With the *uterus empty and firmly contracted* this factor is eliminated, our anxiety is allayed, and the safety of the patient comparatively assured."

"Objection is urged against the premature induction of labor on account of the danger to the child and the difficulty of keeping it warm and nourished after its safe delivery. Upon this point I agree

with Thomas that an eight-months' child *out of the uterus*, and depending upon pulmonary respiration, has a decidedly better prospect for life than one in that cavity, and depending for the æration of its blood upon a crippled and bleeding placenta."

We pass now to those cases in which labor is actually in progress, and to the best means of conducting the patient safely through this dangerous ordeal. I think all will agree that turning has long been considered *the remedy par excellence* in placenta prævia. That this is *not* the best remedy in *all* cases, and that when it is really indicated it should be performed in a somewhat modified form, and with more gentleness and care in the dilatation of the cervix than has heretofore been taught and practiced, will be established, without doubt, by a study of the mortality statistics of cases treated by the vaginal tampon and rapid version. Rapid extraction was practiced for the purpose of evacuating the contents of the uterus as soon as possible, and thus securing firm contraction of the uterine fibre and suppression of the hemorrhage. If the bleeding can be controlled by a less severe means, and this chief element of peril eliminated from the case, the labor may be allowed to proceed without further interference or assistance. This hasty but time-honored method is referred to in our books as the "rapid treatment," forcible entrance into the os," "rapid dilatation of the cervix," "forcible delivery," "accouchment forcé," "pushing the hand rapidly through the os," &c. Several authors speak of the "absolute necessity of delivering at once at all hazards," under the belief that so long as the labor continued the hemorrhage would go on, even increasing; the logical conclusion being that it was necessary for the salvation of the patient to empty the uterus as quickly as possible. Rigby, Leveret, and others declared, in emphatic terms, that "manual extraction of the foetus was absolutely necessary to save the life of the mother," and for many years all subsequent authorities concurred in accepting their doctrines and adopting this practice. Forcible delivery often proves fatal to the mothers, by injury done the cervix, and many of the old writers confess that on examination, after death, they invariably found the os uteri more or less torn. Collins and others relate instances of this kind.

Laceration and flooding are not the only dangers in accouchment forcé. By a little reflection it will become apparent why these dangers arise. Labors complicated by placenta prævia frequently come on—Matthews Duncan believes—as a result of the accidental separation of some portion of the placenta from a uterus which is

immature, not ready yet for parturition, and whose cervical tissue has not reached the necessary muscular development to safely undergo this laborious process. Its tissues, instead of being muscular and dilatable, are exceedingly vascular and irritable, and the bruising and contusions and lacerations which are caused by forceable delivery, no doubt explain the frequent occurrence of phlegmasia dolens, septicæmia, puerperal fever, cervical ruptures and inflammations.

The practical question to which I desire to direct especial attention is, if the accouchment forcê is environed by so many dangers, what treatment can we adopt which will present a better and safer mode of accomplishing delivery and firm uterine contraction. Let us study this point a little. It has frequently been noticed that the rupture of the amniotic sac has been sufficient to eliminate the chief danger in these cases, and the labor, carefully watched throughout the remainder of its course, has required no further aid to prevent hemorrhage.

As the liquor amnii escapes, the uterus is reduced in bulk, is provoked to greater activity, and acts to better advantage. The head, if that is the presenting part, is driven down, and as the cervix dilates, the pressure of the head controls the hemorrhage. Barnes and others maintain that hemorrhage will be spontaneously arrested by the detachment of that part of the placenta which is attached to the dangerous or cervical zone of the uterus. The complete detachment and removal of the placenta, (Simpson,) besides being almost certainly fatal to the child, must require an operation hardly less severe to the woman than version itself.

Sponge or laminaria tents may be used in cases of hemorrhage from an undilated os. While the tent expands it at the same time prevents hemorrhage and dilates the cervix. When the tent has expanded to its fullest extent it is removed or slips away, and the smallest size Barnes dilater may be inserted in its place, which in turn is replaced by a larger, and then a larger one, until sufficient dilatation is produced; while at the same time the cervix is completely plugged or tamponed. This process may require from two to six hours, according to the dilatability of the os. Should dilatation go on well, uterine contractions set in powerfully, as is the fact in a large proportion of cases. The hemorrhage being controlled until the presenting part of the fœtus becomes itself the plug, no further treatment may be required, and version has been avoided. But if the pains are inefficient and the hemorrhage goes on, in cases where some part other than the head or breech presents, malpresentations being

not infrequent in placenta prævia, turning must of course be resorted to. The last edition of Leishman declares that this operation is the one in which the great majority of experienced practitioners still place the greatest confidence.

In view of the dangerous and fatal results which have been reported in consequence of forcing the hand through an undilated vascular cervix, and of rapid delivery through parts which, even when everything is normal, slowly, and gradually expand, it seems to me that the entry of the hand into the uterus at all should be avoided, if it is possible to do so. The method of bi-polar or bi-manual version, so successfully practiced by Braxton Hicks, of London, can here be applied with the most beneficial results. By manipulation with one hand upon the abdomen and with two fingers of the other in the uterus, a foot of the child can be hooked down. Unless the case is urgent, nature can be trusted to effect the expulsion unaided after the leg or half breech has been drawn far enough into the cervix to act as a tampon. If considered advisable, continued gentle traction may, of course, be made, combined with and aided by external pressure over the uterus by elastic abdominal bandage and ergot. The shock of rapid extraction is thereby avoided, and the danger of lacerating the vascular cervix is greatly lessened if not prevented. I desire to add, in conclusion, that I am firmly convinced that in proper cases, and when seen in time, the induction of premature labor will save many lives, both foetal and maternal; and, also, that when the above-mentioned gentle means of dilating and at the same time plugging the cervix, are universally adopted, the fearful mortality in these cases will be greatly reduced.

EDITORIAL COMPILATIONS AND COMMENTS.

THE GERM-THEORY—IS IT ALTOGETHER CONSISTENT?

In order to predicate the doubt pervading this question, it is necessary to quote the premises assumed by Prof. Tyndall, who reiterates the statements made by Prof. Lister, of Edinburgh, as follows :

In the treatment of large chronic abscesses, in order to guard against the access of air into the cavity, we used to draw off the matter by means of the trocar and canula. The instrument, dipped in oil, was thrust into the cavity of the abscess, the trocar withdrawn, and the pus flowed through the tube. Care was always taken to prevent air entering the tube or gaining admittance into the cavity as the tube was withdrawn. This method relieved the patient from the mass of accumulated fluid, but it was almost always certain to re-accumulate in course of time, and it became necessary to again and again repeat the operation, and there was no absolute security of immunity from bad consequences. However carefully the operation was conducted, it sometimes happened, even though the puncture seemed healing by first intention, that feverish symptoms declared themselves, and on inspecting the seat of the abscess, the skin was seen to be red, implying the presence of some cause of irritation, while a rapid re-accumulation of pus was found to have occurred, even as soon as the second day after the operation. Under these circumstances it became necessary to open the abscess by free incision, when a quantity, large in proportion to the first amount of pus, escaped, fetid from putrefaction.

Now, asks Prof. Tyndall, how had this change been brought about?

Prof. Lister answers, that without the *germ theory* no rational explanation of it could be given. It must have been caused by the introduction of something into the cavity of the abscess from without. Inflammation of the punctured wound, even supposing it to have occurred, would not explain the phenomenon. For mere inflammation, whether acute or chronic, though it occasions the formation of pus, does not induce putrefaction. The pus evacuated by the first operation was perfectly free from odor, and we know of nothing

to account for the alteration in its quality but the influence of something derived from the external world. And what could that something be? The dipping of the instrument in oil, and the precautions of compression prevented the entrance of oxygen. Or, even if you allow that a few atoms of air did enter, it would be an extraordinary assumption to make, that the same could in so short a time effect such changes in so large a mass of albuminous material. Besides, the pyogenic membrane is abundantly supplied with capillary vessels through which arterial blood, rich in oxygen, is perpetually circulating, and there can be little doubt that the pus, before it was evacuated at all, was liable to any action which oxygen might exert upon it.

On the *oxygen theory*, then, the occurrence of putrefaction under these circumstances is quite inexplicable. But if you admit the *germ theory* the difficulty vanishes at once. The canula and trocar having been lying exposed to the air, dust would have been deposited upon them and would be present in the angle between the trocar and the tube, and in that situation will fail to be wiped off when the instrument is thrust through the tissues. But when the trocar is withdrawn some portions of this dust will naturally remain on the margin of the tube within the abscess, and nothing is more likely than that some particles may be dislodged when the tube is taken out.

The germ theory tells us that these particles of dust will be pretty sure to contain the germs or organisms of putrefactive fermentation, and if one such is left in the albuminous liquid it will rapidly develop, at the high temperature of the body, and account for all the phenomena. If a drop of the putrid matter is examined with a microscope it is found to be teeming with myriads of minute jointed bodies called *vibriones*, which exhibit vitality by the energy of their movements.

It is a matter of certainty that the entire mass of that second instalment of evacuated fetid pus had become populated with living organisms as the result of the introduction of the trocar and canula, for the matter first let out was entirely free from these organisms.

Prof. Tyndall observes that, secured from the danger of putrefaction, it is amazing how, under the hands of a really able surgeon, the human flesh and bones may be cut, torn and crunched with impunity.

In the operations of Prof. Lister care is taken that every portion of tissue laid bare by the knife shall be defended from germs by showers of spray of diluted carbolic acid, and he dresses the wounds

with bandages made anti-septic by soaking in this solution. In this way any disease-germs floating in the air and alighting on the wound are at once killed, and in wards where pyæmia, erysipelas, and hospital gangrene were prevalent Prof. Lister was able to keep his patients absolutely free from these terrible scourges. But surgery is acquainted with a class of wounds in which the blood is freely mixed with air that has passed through the lungs, and it is a most remarkable fact that such air does not produce putrefaction.

Prof. Lister says: "I have explained, to my own mind, the remarkable fact that, in simple fracture of the ribs, if the lung be punctured by a fragment, the blood effused into the pleural cavity, though freely mixed with air, undergoes no decomposition. The air is sometimes pumped into the pleural cavity in such abundance that, making its way through the wound in the pleura costalis, it inflates the cellular tissue of the whole body. Yet this occasions no alarm to the surgeon, although if the blood in the pleura were to putrify it would infallibly occasion dangerous complications. Why air introduced into the pleural cavity through a wounded lung should have such wholly different effects from that entering directly through a wound in the chest, was to me a complete mystery until I heard of the germ-theory of fermentation and putrefaction, when it occurred to me that it was only natural that air should be *filtered* of germs by the air-passages, one of whose offices is to arrest inhaled particles and prevent them from entering the air cells."

Now, the advocates of the germ theory, both of putrefaction and of blood fermentation in epidemic or zymotic diseases, hold that the same arise, *not* from the air, *per se*, but from *something contained* in the air. They hold that "something" to be "not a vapor nor a foreign gas," but *particles* floating in the air and endowed with elements of life.

Prof. Tyndall agrees with Prof. Lister's interpretation of the fact, as claimed, that air which has passed through the lungs *cannot* produce putrefactive changes, *because the air is rendered innocuous by the filtering action of the lungs*; and demonstrated before his audience, to whom the foregoing statements were made, that the breath, exhaled from the lungs into a glass tube through which an electric ray of light was made to pass, was at first measureably free from particles, and became more and more free as expiration progressed, until the air from the deeper portions of the lungs was shown to be perfectly free from particles, or optically pure.

In view of the foregoing, one or two important questions suggest themselves, and seem to involve the validity of the germ-theory as advocated in the production of diseases of a zymotic character, *through the process of inhalation*. If the lungs, as claimed, *filter the air* during inspiration, and, like a fine sieve, separate all "particles" and prevent everything but the oxygen passing through the meshes of the air cells into the blood, we would respectfully ask how it is that the so-called disease-germs can gain entrance into the blood through the medium of breathing the air of an infected district, or an atmosphere contaminated by emanations or exhalations from the bodies of those sick with a contagious disease?

We should expect these germs to be filtered by the lungs as well in one case as in the other. For, it will be remembered, the claim is made that such diseases are contracted by the inhalation, "*not of a vapor nor of a foreign gas,*" but of "*particles*" floating in the surrounding atmosphere, and endowed with germinating properties.

According to the admissions made by the eminent scientists quoted, these "particles" or "living things" floating in the air, if drawn into the lungs, must adhere to portions of the mucous membrane lining the many ramifications of the bronchial tubes, becoming entangled in the mucus secretions, to be finally coughed up, perhaps never reaching as far as the air cells, and if they did, would there meet with an insurmountable barrier, preventing their entrance into the blood.

If, as Prof. Tyndall agrees, the air which has passed through the lungs, even when it escapes through a wound in the organ by puncture of a fractured rib, and enters the pleural cavity, *cannot* produce putrefactive changes in pus already accumulated in the previously closed cavity, "because the air is rendered innocuous by the filtering action of the lungs;" that is, because the lungs have strained out the bacteria, it is not clear why such filtering action should not at all times exclude the entrance into the blood of so-called particles or disease germs.

It seems to us more reasonable that zymotic diseases *are* caused by the inhalation of a "vapor" or a "foreign gas," which may be as capable of penetrating through the walls of the air-cells, by endosmosis, as oxygen itself. It is well known that various noxious gases may enter the blood through the process of inhalation, and cause serious results; but such results have not been attributed to the presence of "particles" or "germs" acting as a ferment.

There is no doubt, however, that the germ-theory holds good in

explanation of the introduction into the system of germinating elements or actual living things contained in our food and drink ; by the process of inoculation ; and by permeation of open wounds.

PAINLESS DEATH.

In one of his lectures Prof. Tyndall spoke of the probabilities in favor of the entire absence of pain accompanying death by lightning. It is popularly supposed that an impression made upon the nerves—a blow or puncture—is felt at the precise instant it is inflicted, but such is not the fact. The seat of sensation is the brain, and intelligence of the injury must be transmitted to this organ through a certain set of nerves, acting as telegraph wires, before we become conscious of pain. This transmission or telegraphing from the seat of injury to the brain requires *time*, longer or shorter, according to the distance of the injured part from the brain, and according to the susceptibility of the particular nervous system operated upon.

Helmholtz, by experiments, determined the velocity of this nervous transmission in the frog to be a little over eighty-five feet per second ; in the whale, about one hundred feet per second ; and in man, at an average of two hundred feet per second. If, for instance, a whale fifty feet long were wounded in the tail, it would not be conscious of the injury till half a second after the wound had been inflicted. But this is not the only ingredient in the delay. It is believed that to every act of consciousness belongs a determinate molecular arrangement of the brain, so that, besides the interval of transmission, a still further time is necessary for the brain to put itself in order for its molecules to take up the motions or positions necessary to the completion of consciousness. Helmholtz considers that one-tenth of a second is required for this purpose. Thus, in the case of the whale, there is, first, half a second consumed in the transmission of the intelligence through the sensor nerves to the brain, about one-tenth of a second consumed by the brain in completing the arrangements necessary to consciousness, and, if the velocity of transmission from the brain through the motor nerves be the same as that through the sensor, about half a second more is consumed in sending the message to the tail to defend itself. Therefore, one second and one-tenth would elapse before an impression made upon its caudal nerves could be responded to by a whale fifty feet long.

If we regard as correct the calculations representing the average velocity of transmission in the human nerves, and if we estimate the distance from the origin of the filaments in the brain to their termination in the foot, as five feet, the time required, in case some one steps on your favorite corn, for the news to be telegraphed to the brain, for the brain to prepare a message, and to telegraph the same to the muscles of the leg to draw the foot away, would be about one-twentieth of a second. Now, it is quite conceivable that an injury might be inflicted which would render the nerves unfit to be conductors of sensation, and if this occurred, no matter how severe the injury might be, there would be no consciousness of it. Or it might happen that the power of the brain to complete the molecular arrangement necessary to consciousness would be wholly suspended before there would be time for the transmission of the intelligence of the injury. In such a case, also, although the injury might be of a nature to cause death, this would occur without feeling of any kind. Death in this case would be simply the sudden negation of life, without any intervention of consciousness whatever.

Doubtless there are many kinds of death of this character; the passage of a rifle-bullet through the brain is a case in point. The time required for the bullet in full velocity to pass clean through a man's head may be roughly estimated at a thousandth part of a second. Here, therefore, would be no room for sensation, and death would be painless. But there is another action which far transcends in rapidity that of the rifle-ball. A flash of lightning cleaves a cloud, appearing and disappearing in less than a hundred-thousandth part of a second, and the velocity of electricity is such as would carry it in a single second of time over a distance almost equal to that which separates the earth and moon.

A luminous impression once made upon the retina endures for about one-sixth of a second, and this is why we see a ribbon of light when a glowing coal is caused to pass rapidly through the air. A body illuminated by an instantaneous flash continues to be seen for the sixth of a second after the flash has become extinct; and if the body thus illuminated be in motion, it appears at rest at the place where the flash falls upon it.

The color-top is familiar to most of us. By this instrument a disk with differently-colored sectors is caused to rotate rapidly; the colors blend together, and, if they are chosen in the proper proportions, the disk will appear white when the motion is sufficiently rapid. Such a top rotating in a dark room and illuminated by an

electric spark appears motionless, each distinct color being clearly seen. Prof. Dove has found that illumination by a flash of lightning produces the same effect. During a thunder storm he put a color-top in exceedingly rapid motion, and found that every flash revealed the top as a motionless object with its colors distinct. If illuminated solely by a flash of lightning the motion of all bodies on the earth's surface would, according to Prof. Dove, appear suspended. A cannon-ball, for example, would appear to have its flight arrested, and would seem to hang motionless in space as long as the luminous impression which revealed the ball remained upon the eye. If, then, a rifle-bullet passing through the brain move with sufficient rapidity to destroy life without the interposition of sensation, much more is a flash of lightning competent to produce this effect. We have well-authenticated cases of people being struck by lightning who, on recovery, had no recollection of pain.

The Rev. Dr. Bartol, who was lately nearly killed by lightning, expressed the belief that if the stroke proves fatal it must produce the most agreeable mode of death ; but to be stunned, as he was, is very unpleasant. As soon as consciousness returned he experienced a terrible sense of oppression and an irresistible weight seemed passing through him, while his mind was dazed so that for a while it seemed he had suddenly been precipitated into wonder-land. His recovery was attended by headache, continued for a week.

The following case is described by Hemmer: On June 30, 1788, a soldier in the neighborhood of Mannheim, being overtaken by rain, stationed himself under a tree, beneath which a woman had previously taken shelter. He looked upward to see whether the branches were thick enough to shed the rain, and in doing so was struck by lightning, and fell senseless to the earth. The woman at his side experienced the shock in her foot, but was not struck down. Some hours afterward the man recovered, but remembered nothing about what had occurred, save the fact of his looking up at the branches. This was his last act of consciousness, and he passed into the unconscious condition without pain. The visible marks of a lightning stroke are usually insignificant; the hair being sometimes burnt, slight wounds occasioned, or a red streak marking the track of the electric discharge over the skin.

Prof. Tyndall relates, standing in the presence of an audience, about to lecture, that he accidentally touched a wire leading from a charged battery of fifteen large Leyden jars, and the current passed through his body. He says life was absolutely blotted out for a very

sensible interval, without a trace of pain. In another second or so consciousness returned. He saw himself in the presence of the audience and in contact with the apparatus, and immediately realized that he had received the battery discharge. The *intellectual* consciousness of his position was restored with exceeding rapidity, but not so the *optical* consciousness. To prevent the audience being alarmed he stated that it had often been his desire to receive, accidentally, such a shock, and that his wish had at length been gratified. But while making this explanation the appearance which his body presented to himself was that of being in separate pieces. His arms, for example, seemed to be detached from his body and suspended in the air. Memory and the power of reasoning and speech were complete long before the optic nerve recovered from the electric shock. The Professor dwelt upon the absolute painlessness of the shock, and believes there cannot be a doubt that to a person struck dead by lightning, the passage from life to death occurs without consciousness. It is an abrupt stoppage of sensation, unaccompanied by a pang.

PUTRID BLOOD—POISONOUS ACTION OF.

The influence of the toxic property of putrid blood has been investigated by V. Feltz, and the results, as communicated to the Paris Academy of Sciences, are briefly stated in the *Lancet*.

He first determined the effects on a healthy dog. The injection of from one to three centimetres caused all the symptoms of blood poisoning in from three to eight days. Exposure to the air for periods of twenty-four to ninety-six hours made no difference in the poisonous properties of the blood; exposure to compressed air for twenty-four to one hundred and forty-four hours was also without effect. Exposure to oxygen had different results according to the time of exposure. Contact with oxygen for from six to seventy-two hours had no effect. Animals injected with blood which had been exposed to oxygen for ninety-six to two hundred and sixteen hours recovered after five or six days' illness. The result was the same with blood through which a continuous stream of oxygen was passed. A very similar effect was produced by exposure of the blood to a vacuum for many hours.

A second series of experiments was to determine the influence of time on the poisonous material. When the putrefied blood was kept so long that no living bodies could be discovered in it by the micro-

scope, the same toxic effects were produced by its injection, but less intense. Putrefied blood was dried by slow exposure to the air, powdered, mixed with distilled water, and then injected. The effects were not so rapid as in the other cases. After four to six days' incubation the animals became ill; some died, others in time recovered.

M. Feltz concludes that, as exposure to vacuum and dessication did not remove the toxic agent, it cannot be gaseous; that activity on the part of the minute moving particles within it is not necessary for its septic effect, and that the development of bacteria, etc., in the blood of animals injected, points to the germs of those bacteria as being the probable efficient means of the production of the poisonous effects.

Further proof that disease germs conveyed into the blood by absorption through open wounds, as in inoculation, will produce virulent disease, is found in the experiments of Dr. Koch, of Germany. He placed a drop of blood of an animal suffering with splenic fever under the microscope, and found it to contain minute rod-like filaments, which rapidly increased in length. After a time he noticed little dots forming inside these filaments like beans within a pod, and these increased into ovoid bodies, and were finally left free by the breaking down of their pod-like covering. These minute spores were proven to be the disease germs, and to constitute the contagion of the fever. The doctor inoculated healthy animals with this blood, and they invariably died within thirty hours after. He immediately sought to ascertain how long these disease germs would retain their power to poison, and for this purpose dried a quantity of blood of an animal dying with the fever, which he reduced to an impalpable powder, and left it exposed to the heat of summer and the cold of winter, getting wet and drying alternately for a period of *four years*, after which he inoculated healthy animals with it, and found its poison equally as virulent as was the fresh blood, and there was no single escape from death after inoculation by this blood-dust, four years exposed to all kinds of weather.

THE STATUS.

WE issue the present number under the most favorable auspices, if expressions of good will and promises of co-operation by the Profession and others of collateral calling may justly be so construed; and for the substantial evidences already received, we cordially thank the President, Secretary, and Members of the Medical Society of this District.

It is our hope, as various short-comings, incidental to almost every new undertaking, shall, in time, become obviated, to so improve upon this initial edition as to eventually bring its successors up to our ideal.

Some slight misapprehensions delayed contributions of essays which would have added to the variety of valuable papers secured for this number.

The Society, at its meeting on the 20th inst., removed all doubts lingering in the minds of a few, by clearly recognizing the fact of the existence of a law (for some time extant, but not by all members so construed) giving exclusive ownership to the author of his papers read before that body, with the additional privilege to give a copy of the same, or an abstract, for publication in any journal he may select.

The misunderstanding in regard to the exercise of this privilege may be ascribed to the fact that, up to a comparatively recent date, by a law of the Society, it claimed ownership of all papers read before that body.

But their use, at the option of the authors, respectively, being now declared free from restraint, we reiterate our offer to publish condensed reports of unique cases, and such other contributions of practical value as the material—known to abound in this District—may warrant home talent in fabricating to our purpose.

Trusting that the younger members of the Profession, as well as those more advanced, will second our efforts to establish in this city an exponent intended to fairly represent all, we shall continue every ethical effort to secure, through merit of its contents, general approbation.

SELECTIONS

FROM CURRENT MEDICAL LITERATURE.

MEDICAL USES OF CARBOLIC ACID.—Dr. Peter Eade, F. R. C. P., London, says: “The diseases in which I have found the carbolic acid especially useful are: 1. All that class of local festering, pustulating diseases of the skin which are at once so common and so difficult to cure. They include all kinds of pustules, boils, and carbuncles; sycosis, pustular acne, and festering ringworm. 2. Such strumous sores (especially of the neck) as come under the care of the physician. 3. Excoriations of the os and canal of the cervix uteri. 4. Phthisis in its second and third stages, and cases of chronic bronchitis, accompanied with more or less purulent expectoration.

I have said that, in order to be effective, the carbolic acid must be brought into contact with the parts to be acted on, and I doubt not that in many cases where it has been found ineffective the failure has been due to a neglect to ensure this contact. In the pustulating and separating diseases of the skin I have mentioned it is never sufficient to apply the solution of the acid, of whatever strength, upon or to the outside of the skin. It must always be introduced into the interior of the sore or pustule itself, and so as to come sufficiently in contact with every part of the diseased surface. Of its efficacy thus applied I state, with the utmost confidence, that all cases of boils and carbuncles, in their earlier stages, can be absolutely aborted and cured, whilst even in later stages their further increase can be almost surely prevented. For this purpose a very strong glycerine solution should be employed, and it is best conveyed into the interior of the pustule, boil, or suppurating spot, by a new quill pen dipped into the solution, and introduced by a rotary motion through its apex, where a sufficient aperture will generally be found. In carbuncles, which are necessarily larger, and have often several openings, several such introductions may be necessary, or, at a later period, threads of lint soaked in the fluid may be passed with a probe well into all the sieve-like openings. Occasionally, as when the mass is large and solid, a watery solution of the acid may be injected with a hypodermic syringe into various parts of the hardened growth. The same plan of treatment is often quite effective in cases of sycosis, pustular acne, and festering ringworm. And it is doubtless so, be-

cause it destroys germs which, living in the involutions of the skin, are the essential cause of these various diseases. A little of the carbolic solution might be introduced into the apex of each small-pox pustule to prevent disfigurement.

2. Strumous sores. In these, also, immediate healing may sometimes be brought about by injecting into them a solution of the acid, and keeping the opening closed against the admission of air. This method of treatment, on a larger scale, has been advocated by Mr. Callender in the case of spinal abscesses, and some very successful results have been recorded.

3. In excoriation, or so-called ulceration of the neck of the uterus, the strong glycerine solution is a most valuable application. I have found no ill effect from applying the strong glycerine solution (four parts of the acid to one part of the glycerine) freely with a camel's hair-brush within the cavity of the cervix; and, indeed, it is not only well and painlessly borne, but is often very effective in promoting the healing of the "ulcerated" surface. I have thought it possible that its undoubted efficacy may be partly due to a power of destroying any bacteria or other germs living in the uterine mucus, and by their presence irritating the secreting surface, and so preventing the formation of healthy covering epithelium.

4. In cases of phthisis which have passed their earliest stage, and in which the sputum is of a muco-purulent character, you have almost daily opportunities at the Norfolk and Norwich Hospital of witnessing the efficacy of carbolic acid inhalations. We give the patient a solution of the acid in water containing ten grains to the tablespoonful. We tell him to add this to half a pint of hot (not boiling) water in a narrow-mouthed jug, surrounded by a towel or handkerchief, and then to inhale this for about ten minutes; and we ordered the inhalation to be repeated three, four, or five times in the twenty-four hours, according to the necessities of the case. The inhalation can, of course, be made through any ordinary inhaler, or in the form of spray. I believe the carbolic acid to act entirely by its local influence. The vomica of a phthisical lung contains two elements: (a) the muco-pus already secreted, and lying more or less free in the cavity; and (b) less perfectly formed and separated mucus, still attached to the pyogenic or secreting surface. As atmospheric air laden with germs is constantly entering with the breath into these cavities, and as this animal mucus is a fertile soil for these germs to develop in, it is almost certain that such tendency to settle and multiply upon it exists; and the power of carbolic acid to pre-

vent such life and growth would well explain its efficacy. But it is also known that carbolic acid does in some way prevent the rapid production of new pus and mucus cells, and in this way, too, some of its good influence may be exerted. Absorption of carbolic in time will discolor the urine quite dark, but without harm.—*Condensed from London Lancet.*

SUPRA-PUBIC LITHOTOMY.—C. W. Dulles, M. D., Phila., in a recent article (*N. Y. Med. Jour.*) analyzes the claims of this operation for stone, and concludes with the belief that it will some day be the one most generally employed. The two great dangers, peritonitis and urinary infiltration, are shown, both by the authorities and by the statistics, to be rarely encountered. It is true "the peritoneum may be encountered; it should be looked for, and, if met, gently pressed out of the way." The bladder should not be distended with an injection. "The operation, in its simplest form, is conducted as follows: The skin just above the pubes and over the linea alba is incised to the extent of a few inches, and an easy dissection brings one down to the region of the bladder. This is now pushed up on the end of a sound, passed through the urethra, and secured with a tenaculum. It is then incised to a proper extent and the calculus removed with fingers or forceps. After which the wound should be covered with a light absorbent and stimulating dressing, the patient put to bed, and the subsequent treatment conducted on general principles."

The method of raising the bladder on the sound should be practiced first, if possible, on the cadaver. Theoretically, this operation affords the most direct, easy, simple and safe access to the bladder, and the author has no doubt that, if performed as generally as the perineal section, the results would be far more satisfactory.—*Toledo Med. and Surg. Jour.*

ANTIDOTE TO BAD AIR.—Dr. Goolden, of London, gives a simple method of purifying air when so offensive as to be totally unfit for breathing. He says it has been tried on small and on very large scales, and never failed in its results. It is used in hospitals, large school-rooms, slaughter-houses, tanners' yards, the lower decks of ships, where several hundred seamen have made the atmosphere so impure during the night as to be most offensive to any one from the outside suddenly entering.

Dr. Goolden would disabuse the public of a notion—that the evolution of carbonic acid gas, as the noxious element, is the cause of the

mischief we want to rectify. The offensive matter is sulphide of ammonium, hydro-sulphuric acid, and other still more poisonous gases of which sulphur is the base. So poisonous is this gas that one volume added to 1,500 volumes will kill a small bird; and one volume to 1,000 will kill a middle-sized dog instantly; and one volume added to 250 its volume of air will kill a horse. This when existing in the atmosphere in an exceedingly small quantity is most injurious to animal and vegetable life—in fact, it is poisonous in proportion to its quantity. It is constantly secreted from the surface of the living body, and evaporates into the air. When crowds of people are assembled in a room the air becomes very poisonous; but fortunately the chloride of lead destroys it by attracting it with the strong force of double electric affinity. The sulphur combines with the lead, and hydrogen with the chlorine, and the sulphur will combine with nothing else if lead be present, and the combination is perfectly insoluble, so that it involves no fear of lead poisoning.

The mode of using it is: Take a drachm of nitrate of lead, and dissolve it in a pailful of soft water (rain water or distilled), and take a drachm of common salt, which dissolve in a jug of soft water, and when the solutions are mixed it is ready for use. Dip a towel into it and hang it up in the offensive room. The strength might be very much increased, but for ordinary purposes this quantity is quite sufficient; and if not, more may be made with very little trouble. It is important to understand why soft water should be used. If there is any lime in the water there will be carbonic acid, and a precipitate will be formed of carbonates of lime and of lead. If it is unavoidable, the precipitate must be allowed to fall, and prevented from mixing with water or sewage falling into rivers or springs, otherwise you may get lead poison. Dr. G. advocates ventilation at the same time.—*Braith Ret.*, No. 77.

CATALEPSY PRODUCED BY A HAIR.—A child in Paris, one year old, in whom no organic disease or other pathological condition could be discovered, was observed for several weeks to have tonic spasms. One day its mother discovered and removed a hair, the end of which was projecting between the two front incisor teeth. This hair, 90 ctm. in length, extended backward, probably into the larynx, its irritation there probably giving rise to the attacks. The disease never returned after its removal.

BROMIDE ERUPTION.—Dr. Russell (*British Med. Jour.*) reports the case of an epileptic, on whom a generalized, painful pustular eruption

broke out, while under treatment by the bromide of potassium. She was at the time taking about four scruples of the bromide per diem. The eruption was at first papular, but soon became pustular. The pustules were all as large as a pea, and some of them as large as two peas; the base was surrounded by an inflammatory zone. When the bromide was stopped the eruption disappeared, but it reappeared as soon as the medicine was resumed. Dr. Russell at last added five drops of the liquor arsenicalis to each dose of the bromide. In a week the eruption had disappeared, and no new pustules were afterwards developed.—*Atlanta Med. and Surg. Jour.*

CONDURANGO HEARD FROM AGAIN.—In the *Deutsche Med. Worch.* Dr. Burkmann relates two cases of cancer of the stomach, so diagnosed by several skillful physicians, both very much relieved, and one quite cured, by the use of condurango bark, according to the form and dose recommended by Prof. Friedreich (described in Nappéy's *Surgical Therapeutics*, p. 464). Dr. Burkmann earnestly recommends this plan to his colleagues. He is careful, during the treatment, to forbid the use of opium or morphia. His words certainly deserve attention, for we are powerless before this terrible disease.—*Med. and Surg. Rep.*

QUININE SOLUTION AS A LOCAL APPLICATION.—In a case of necrosis of the tibia, a long trough was left after removal of the sequestrum in which pus accumulated and became fetid. A quinine solution was used as a bactericide. The result from the local exhibition of the quinine was most satisfactory. We used a solution of the disulphate of quinine, one grain to the ounce of water, the smallest quantity only of sulphuric acid that would suffice to complete the solution of the alkaloid being added. I have since made frequent use of the solution of quinine as a local application. It appears to me to be especially efficacious, either alone or combined with the bichloride of mercury or the chloride of zinc, in certain forms of soft chancre. The most striking result, however, is obtained by injecting the solution of quinine into the bladder in those cases where the urine is loaded with pus, and is *intensely offensive*; the bladder being irritated, the desire to urinate recurring every hour, or more often, for example, where the bladder only imperfectly empties itself, or when the continual use of the catheter is called for in enlarged prostate, or in atony of the organ. Within the past few days I have been informed by a patient who has habitually had recourse to the catheter, the urine voided being alkaline.

and highly offensive, that the injection of the quinine solution has been followed by such an abatement of the sensitiveness of the neck of the bladder that the desire to micturate comes on now only after the lapse of six or seven hours, in place of after the lapse of every hour or hour and a half. The following is the method of using the quinine as a bladder injection : Dissolve twenty grains of disulphate of quinine in twenty-five ounces of water by the aid of a few drops of dilute sulphuric acid or a teaspoonful of *common brown vinegar*. Of this solution inject into the bladder two or three ounces and let it remain.—*Mr. T. W. Nunn, Braith Ret., No. 77.*

BLOOD TUMORS OF THE PELVIS.—In the *Deutsche Med. Woch.* for February, 1878, Dr. Otto Alberts relates the following cases, which occurred in the gynæcological clinic of Prof. Spiegelberg:

Johanna Th., aged 28, servant, had always been healthy. At the last catemenia she strained herself in the stomach, whereupon the flow immediately ceased, and most severe pain set in over the left iliac region. On examination by the abdomen there was felt a tumor rather larger than a hen's egg in the left pelvic region. Bimanual examination revealed a slightly enlarged and antelected uterus. The tumor could be felt in the left fornix, and seemed to have firm cyst walls. Dr. Spiegelberg confirmed the diagnosis of Dr. Alberts that there was a blood tumor of the left Fallopian tube. On June 7 Dr. Spiegelberg punctured the tumor with a trocar, and let out some foul sanious fluid. The cyst slowly contracted, and, although there was some fever for several days, the patient recovered.

Bertha J., single, aged 18, always healthy, never menstruated, for some weeks had suffered from dysuria and dyschezia, together with pain in the lower abdomen. On examination it was found that she had an imperforate hymen. The result had been accumulation of menstrual fluid in the uterus and vagina, forming a hæmelytometra. By the abdomen the enlarged uterus could be felt as high as the naval. On February 13 Dr. Spiegelberg incised the hymen under water, the patient being placed in a bath. A considerable quantity of ichorous fluid escaped. With the exception of a left suppurative parotitis, the patient slowly recovered without further complications.—*Monthly Ab. Med. Science.*

UNUNITED FRACTURES—HYPODERMICS.—According to the *Boston Med. and Surg. Jour.*, Mr. Fitzgerald, of Melbourne, has been highly successful in treating ununited fractures by the hypodermic injection of glacial acetic acid (five to ten minims) between the ends of

the bone. At first there is a sharp pain. Any cartilaginous thickening, if present, is soon resolved, reabsorbed, and union is rapid, splints being applied.—*Virginia Med. Monthly*.

QUININE TO PREVENT SURGICAL SHOCK.—In the *Virginia Medical Monthly*, Dr. Hunter McGuire, of Richmond, states that he had seen a case of compound comminuted fracture of the ankle-joint occur in a nervous man, unattended with shock of injury. Amputation of the leg was performed two hours after the injury, and still there was no appreciable shock. Upon inquiry, he found the gentleman had taken that day about fifteen grains of quinine. Dr. McGuire thought it probable that the shock was prevented by the cinchonism. Since then he had been making some experiments by giving quinine before performing serious surgical operations, and had been led to think that slight cinchonism prevented shock, or so lessened it as to make it inappreciable.

(A few days ago, and after reading Dr. McG.'s experience, we administered the quinine, giving six grains hypodermically, in a case well calculated to test the efficacy of the drug, and with the most satisfactory results. If cinchonism will keep off shock, it is one of the most important facts in surgery.)—*Ohio Med. Recorder*.

HEPATIC ABSCESSSES.—Dr. Hammond, of New York, contributes a paper on "some points in pathology and treatment of hepatic abscesses," in which he claims that puncturing the liver with the needle of an aspirator is not a dangerous operation if it be performed early and in the right place; that the right place for the operation is through an intercostal space at a point not far from a line let fall from the middle of the right axilla. He also thinks it is very certain that abscesses of the liver are much more common in this country than is ordinarily supposed, and that patients die of them without the real cause of death being recognized.—*Med. and Surg. Jour., St. Louis*.

GASTRIC ULCER SIMULATING POISONING.—For a long time the French believed that Napoleon was poisoned at St. Helena, in spite of the autopsy showing gastric ulceration. More lately, M. Littré has maintained that the alleged poisoning of Henrietta, of England, Duchess of Orleans, was really nothing else than perforation of the stomach from a simple ulcer, all the symptoms of which she had experienced for some time. M. Grasset, (of Montpellier), relates a similar case. A young man, twenty years of age, robust, and always

in very good health, was attacked by severe colic after a walk of eleven kilometres (more than twenty miles), and a hurried breakfast, and died in twenty-four hours. His family thought that he had been poisoned, and caused a necropsy to be made, when an ulcer of the stomach was demonstrated, which remained latent till just before his death, and then produced perforation, followed by acute peritonitis. The legal physician, therefore, should not lose sight of the fact that the absence of pathological antecedents and perfect external health do not exclude the idea of chronic ulcer of the stomach and spontaneous perforation of that organ.—*Med. and Surg. Rep.*

URTICARIA—BISULPHITE OF SODA.—Dr. Carter, Mt. Jackson, Ind., states that the hypodermic injection of a saturated solution of bisulphite of soda in urticaria is the most prompt remedy in relieving this troublesome affection he has yet tried. It appears to act upon the periphery of the cutaneous nerves as does belladonna, except that the latter has a heating and the former a cooling effect.—*Med. Brief.*

SCLEROTINIC ACID IN HÆMOPTYSIS.—This acid, obtained first by Dragendorff from ergot, has lately been adopted by von Ziemssen and other German physicians as preferable to ergotin for hypodermic injection in hæmoptysis and other internal hemorrhage. A five per cent. solution is used, and it is said not to be so liable to be followed by abscesses as ergotin.—*Med. and Surg. Rep.*

NASO-PHARYNGEAL DISEASE—IODOFORMED WOOL.—In diseases of the nose and post-nasal region the curative influence of iodoform requires to be more extensively known. In cases of rhinitis, ozæna, post-nasal catarrh, and hyperplastic deposits, whether simple or syphilitic, iodoform exercises quite a specific influence. As regards the best method of using it topically in these sensitive regions, the objection to the ethereal solution is its extreme painfulness. This defect—a very serious one in the case of delicate females—is due entirely to the solvent employed, iodoform itself having a distinctly anodyne influence on the tissues to which it is applied. Allowing the ether to evaporate somewhat from the sponge or brush employed modifies its unpleasant effect; but even then I have observed patients shrink from its application with expressions of the greatest dismay. I have, therefore, sought for some vehicle for iodoform which, while free from the objections due to the ether, will enable the drug to be maintained in contact with the tissues to be influenced by it. Finely

carded cotton wool appears to supply this requirement; an "iodo-formed wool" has been prepared for me by Messrs. Bullock & Co., which has yielded very satisfactory results in practice. Each drachm of the wool contains a drachm of iodoform, with which it is very intimately blended. For use it is simply necessary to pass on a probe a small portion of the wool to that part of the nasal cavity which may be diseased. Here it will remain for a period varying from one to twenty-four hours, its presence being unrecognized by the patient.—*Dr. E. Woakes, Braith Ret., No. 77.*

ELASTIC ADHESIVE PLASTER.—*Dr. W. P. Morgan, Md., writes:* I have been trying to find an elastic covering that, being attached to the skin, would yield to the movements of that membrane and the parts beneath it without causing an unbearable sensation of stiffness or an uncomfortable wrinkling.

As there was nothing in our market to suit me I procured some India rubber, and giving it a coat of plaster, such as is recommended in Griffiths's Formulary under the name of Boynton's adhesive plaster, (lead plaster one pound, rosin six drachms,) I found the material I wished. After using it as a simple covering for cases of psoriasis, intertrigo, etc., I extended its use to incised wounds, abscesses, etc., and found it invaluable.

Placing one end of a strip of the plaster upon one lip of the wound, and then stretching the rubber and fastening the other end to the opposite lip of the wound, I had perfect apposition of the severed parts, the elastic rubber acting continually to draw and keep the parts together. When I have been unable to get the sheets of rubber I have used the broad letter bands (sold by all stationers) by giving them a coat of the plaster.—*Med. and Surg. Jour., Boston.*

INJECTION OF TUMORS BEFORE REMOVAL.—The retiring President of the N. C. Med. Soc., Dr. George A. Foote, of Warrenton, "aiming at utility rather than novelty," selected Hypodermic Medication as the subject of his valedictory address. In speaking of the anæsthetic effect of morphine and atropia hypodermically, he relates a case seen in consultation with Dr. T. P. Jerman, of Ridgeway. Before excising a fibrous tumor near the insertion of the deltoid, weighing about a pound, from a colored woman, aged about 50, a half grain of morphia sulphate and a thirty-sixth grain of atropia sulphate in solution were injected into the fibrous growth. After a few moments, the tumor was extirpated without the slightest pain, the patient saying at the close of the operation that had she not

seen the cutting, she would not have known what was going on. In the only other opportunity for repeating the experiment, the result was equally satisfactory. In neither case did sleep occur for several hours. The fact here stated is an important announcement, and should be further tested.—*Surg. Med. Monthly*.

CHLOROFORM POISONING.—Prof. J. A. Larabee, of Louisville, reports in the *Medical News* a case of chloroform poisoning treated by him in a manner which calls for commendation. The amount taken was afterwards learned to have been an ounce, and it was between four and five hours before he saw her. Attempts at emesis had brought up only strong fumes of the drug. She had likewise been treated with an electrical current through the pneumogastric and diaphragm, but was rapidly sinking. One-tenth of a grain of digitaline hypodermically restored some strength to the heart's action, and was repeated at an interval of an hour and a half. Still later, in order to stimulate respiratory movements, one-tenth of a grain of atropia was administered in a similar manner. Four hours after Dr. Larabee first saw the patient, both pulse and respiration had recovered their tone. Convalescence occurred rapidly, and was unaccompanied with either gastric or œsophageal inflammation.—*New Remedies*.

PHOSPHIDE OF ZINC IN HYSTERIA.—Dr. E. Gross speaks of a case of long-continued hysteria cured in five days by phosphide of zinc, from one to two-fifteenths of a grain in granules having been given with food thrice daily.—*New Remedies*.

TREATMENT OF BURNS BY BICARBONATE OF SODA.—One of the strongest pieces of testimony in favor of the use of bicarbonate of soda in the treatment of severe burns is that given by the editor of the *Philadelphia Medical Times*. One of the assistants burnt the inside of the distal phalanx of the thumb whilst engaged in burning some glass tubing. A saturated solution of the bicarbonate was at once applied; in five minutes the pain was gone, and with it all soreness, so that the part, although blistered, was freely used and pressed on in bending tubing, screwing up and unscrewing apparatus, etc. The relief was quick and complete.—*Southern Med. Record*.

AGUE—AMYL NITRITE.—The inhalation of the vapor of this remedy in ague at the commencement of the cold stage is said to cause a glow over the whole body, and the shivering fit comes to an abrupt termination.—*Lancet*.

LACTOPEPTINE.—It is probable that weakening of the digestive powers is a very important factor in the causation of cholera infantum. We have found lactopeptine a most important help in restoring these cases when they have passed through the worst stages of that disease, as well as warding it off when its onset seemed almost inevitable.

In the exhausting vomiting of pregnancy we have found it of very great value in enabling the patient to obtain some nourishment from the food ingested, even if it remained but a short time in the stomach. In the nausea and indigestion and cradialgia, which causes so much annoyance, even if not great danger, in the latter months of gestation, lactopeptine has proved itself almost a specific.—*St. Louis Clinical Record.*

BRONCHITIS—EUCALYPTUS.—The Eucalyptus Globulus has remarkable anti-catarrhal virtues. The only preparation which I have used has been the tincture prepared by several of our most eminent druggists in Edinburgh, and I have seldom prescribed more than a teaspoonful mixed with a wineglassful of water twice a day. In several cases of bronchitis, with profuse expectoration, I have witnessed remarkable benefit after a very brief use of the remedy, evinced by a rapid diminution of the discharge, and also by a corresponding improvement in the general condition of the patient — *Mr. Benj. Bell, Braith Ret., No. 77.*

MEMBRANOUS VAGINITIS—OXIDE OF ZINC OINTMENT.—Prof. T. Parvin has had a case of diphtheritic vaginitis complicating vesico-vaginal fistula, which was rebellious to treatment in spite of thorough cleansing, mucilaginous injections, tannin and glycerine, sulphate of zinc, carbolic acid, nitrate of silver, and forcible removal of the membrane—twenty-four hours sufficed for its renewal. At last the vagina was tamponed with patent-lint smeared with oxide of zinc ointment, and a cure of the vaginitis quickly followed.—*New Remedies.*

CRACKED NIPPLES, when not caused by constitutional disease, should be freely washed with the tincture of benzoin. Under this treatment they will generally heal in from five to ten days. Only the first applications are painful. The tincture of benzoin forms a varnish over the surface of the cracks, and thus protects them during the act of nursing. The great advantage of the treatment is that it in no wise interferes with lactation.—*Maryland Med. Jour.*

OPIUM POISONING.—Dr. Wm. Selden, Norfolk, Va., writes substantially, that he has often resorted to immersing the feet and legs in *scalding hot water* in cases of profound torpor of the brain from other causes, but is not aware if the same has before been recommended in cases of opium or morphine poisoning, and relates several successful results. In the absence of hot water the flame of a candle may be applied to the feet. The hypodermic use of sulph. atropiæ, electricity, coffee, or cold water, poured from a height on the head, need not be neglected. The doctor credits the scalding water to the feet with having roused the patients from their alarming state of narcosis.—*Virginia Med. Monthly*.

HOT-WATER INJECTIONS IN UTERINE HEMORRHAGES.—M. Ricord says in the *Union Medicale*, June 5: "Hemorrhages in general, and metrorrhagias in particular, whatever may be their proximate cause, are, as is well known, very frequently difficult to arrest. Hæmostatics given internally, astringent injections of every description, plugging, etc., generally fail. But one means has almost had infallible success in my hands, viz., the injection of hot water at 50° C., (122° Fahr.,) carried directly against the cervix uteri by aid of the tube of an irrigator from which the caoutchouc canula has been removed."—*Obst. Gazette*.

CHRONIC ALCOHOLISM.—In reply to a question by a correspondent in the *British Medical Journal* for May, regarding the best treatment for the tremors of chronic alcoholism and a substitute for the constant craving for drink which exists, Dr. Lauder Brunton recommends fifteen minims of tincture of perchloride of iron, with ten minims of tincture of nux vomica, as most efficacious for the tremors, combined with bromide of potassium if restless at night. The chalybeate mixture, either alone or with the addition of tincture of capsicum (five or ten minims) relieves the craving for drink, for which purpose also a mixture of carbonate of ammonia in infusion of gentian is valuable. If there be derangement of the stomach, it should be treated by ten-grain doses of subnitrate or carbonate of bismuth, with magnesia and tragacanth.—*London Med. Record*.

HYDROPHOBIA.—Dr. Foote, of Warrenton, notes the case of a medical friend who is positive he was saved from death by hydrophobia (after the constitutional effects had developed to an alarming degree) by taking thirty drops of strong liquor ammoniæ every hour for several days in succession.—*Virginia Med. Monthly*.

HYGIENIC.

HEALTH OFFICE RECORDS.

The report of the Health Officer, Dr. Smith Townshend, was submitted to the Commissioners of the District of Columbia on the 11th inst. It covers a period of nine months, from October 1, 1877, to June 30, 1878. Being the first report of Dr. Townshend, he gives a statement in detail of the work required of the Health Officer and the system adopted, together with the synopsis of the laws and regulations under which he is working. He speaks of the general sanitary condition in which he found the city upon assuming his duties, and the measures taken to prevent the development of zymotic diseases. He shows the danger of our depending upon climate to insure us against the ravages of these destroyers, and pictures the experience of Chattanooga, Tenn., as a warning.

He calls attention to the grave necessity for improving our river front and stamping out the "flats" nuisance on the shores of the Potomac; refers to the difficulty met with in attempting to secure the abatement of nuisances on the property of non-residents, the soap factories and kindred nuisances, and the escape of sewer gases into dwellings, and on these subjects he asks legislation. He speaks in strong terms of the necessity for providing medicines and medical attendance for our indigent poor, and also calls attention to the necessity for live stock inspection in connection with the prevention of the sale of unwholesome food. An inspection of our public school buildings is reported, and many defects are pointed out. He condemns in unqualified terms the poorly-ventilated, unequally-heated and badly-lighted rooms into which children are packed in many of the rented buildings, and promises a fuller report on the subject at some future time. Tabulated statements showing the nuisances reported, food condemned, marine products inspected and condemned, offals removed, operations of the pound, &c., are presented; and the report ends with twelve tables, one map, and a variety of information relative to vital statistics.

The specific legislation required by the Health Officer to empower him to deal summarily with nuisances affecting the public health is a subject regarding which suggestions will be in order, when his requests are submitted to Congress.

Certainly, the Health Officer should not be trammelled with a redundancy of red tape.

NATIONAL Medical Review.

WALTER S. WELLS, M. D.

Editor.

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NATIONAL MEDICAL REVIEW,

WASHINGTON, D. C.

Vol. I.

JANUARY, 1879.

No. ii.

CONTRIBUTIONS.

SUCCESSFUL OVARIOTOMY.

BY

JOHNSON ELIOT, M. D.,

Professor Clinical Surgery, Medical Department Georgetown University; Surgeon to Providence Hospital, etc.

Mrs. ———, age 45, white, mother of four children, of nervous temperament, noticed for the first time a small swelling in the upper portion of the right iliac region, after her last accouchment, about thirteen years ago. It increased in size slowly, and was tapped as a temporary procedure, two and a half years after its first appearance. The operation of paracentesis was performed in February, 1878, by the reporter ten years after the first operation of tapping, and again in August last by Prof. Ashford. The fluid was submitted to Dr. Schaeffer for microscopical examination, and its ovarian character fully diagnosed. In November last, three months after the last tapping, she had increased so rapidly in size as to demand further interference. Acting under the advice of Prof. Noble Young, her family physician, she consented to submit to the operation of ovariotomy. For some weeks preceding the operation she suffered intense pain in the abdomen, depriving her of rest and confining her to the recumbent posture. The agonizing suffering was in some measure mitigated by suppositories of opium. On November 7th, assisted by Prof. Ashford, and in the presence of Drs. Young, Reyburn, Busey, Hall, Murphy, New, and Eliot, the operation was performed under the antiseptic spray. The sac was easily exposed by an incision of $3\frac{1}{2}$ or 4 inches in extent, evacuated, and drawn through the abdominal wound. The adhesions were few and limited to the omentum; they were readily broken down. We anticipated anterior adhesions marking the points of former punctures, but none were discovered.

The pedicle, a moderately sized one, was divided and a clamp applied. Slight hemorrhage from the stump of the pedicle was checked with the sol. per. sulph. of iron. A glass drainage-tube was inserted at lower angle of the wound, and the incision closed by carbolized silk sutures; a dressing of carbolized oil (1 to 20) applied, and held in by a pledget of carbolized cotton, the whole secured with a bandage around the body. Reaction was good. 10 p. m., pulse 110. Urine drawn off. Ordered beef tea. R., suppository of opium.

November 8—7 a. m. Pulse 108; Catheter introduced; passed a comfortable night. *11 a. m.* Pulse 112; temperature 99°; cork removed from tube for examination; no discharge or odor; abdomen flat; beef tea. R suppository.

November 9—11 a. m. Pulse 94; temperature 99 1-10; dressings changed; no tympanitis; no discharge of pus from the wound. Pressure on abdomen causes no distress. Beef-tea, milk and bread.

November 10—11 a. m. Pulse 96; temperature 99 2-10; dressings changed. Drainage tube has no odor. Suppository at night, as before ordered.

November 11—11 a. m. Pulse 92; temperature 98 2-10; dressings changed. Pressure on abdomen causes no pain. Beef-soup, rice and milk as diet.

The sutures, with the exception of the lower one, were taken out on the sixth day, almost dry, and the clamp removed with the remaining suture on the seventh. The bowels were moved by an enema of warm water on the eighth day. On each dressing subsequent to the operation the carbolic acid spray (1 to 20) was used. The patient, at date of this report, is attending to her domestic duties. The tumor, multilocular in character, weighed 45 pounds, the sac 5 and the fluid 40.

PERSISTENT TINNITUS AURIUM.

FOLLOWED BY SYMPTOMS OF CEREBRAL EMBOLISM. SUCCESSFULLY TREATED BY LIGATION OF POSTR. OCCIPT. ARTERY.

Read before Medical Society, D. C., November 13th, 1878.

BY

ROBERT REYBURN, M. D.,

Late Professor Anatomy, Med. Dept. Georgetown University, D. C.

I WAS called on October 3, 1876, to see Mr. T. G., aged 64 years, and of full plethoric habit, weighing about 175 pounds. He complained of acute inflammation of the internal ear of the left side,

which was attended with intense pain, and excessive inflammation also pervaded the adjoining parts of the face and neck. This was treated by hot applications containing soporifics, and the administrations of anodynes internally. After two weeks of treatment an abscess finally pointed in the *meatus auditorius externus*, which was opened, followed by great relief to the patient.

Under the subsequent local use of a solution of nitrate silver, 10 grs. to the ounce of water, and of astringents, this abscess, after a few more weeks, completely healed, without any apparent injury to, or impairment of, the hearing.

Unfortunately, however, while the hearing remained unaffected, a sense of drumming or *tinnitus aurium* succeeded, which in time became so agonizing as to nearly drive the patient frantic. This condition of things continued for several months, and so distressing was the tinnitus that it entirely incapacitated the patient from attending to any business; in fact, he became so affected that he threatened several times to commit suicide, for, as he expressed it, "life was a burden" to him.

The drumming was always confined to the left ear, was synchronous with the pulse, and was increased by anything which accelerated the action of the heart; also by stooping forwards, or lying down in bed, so that it greatly interfered with sleeping. For about fifteen months the patient remained in this condition, during which time the usual treatment was pursued to the extent of a thorough trial of the whole list of arterial sedatives, and especially were the changes wrung upon digitalis, aconite and veratrum viride. These remedies would relieve for a time, but failed to do more than palliate the symptoms.

Among the sedatives used was hydrobromic acid, which, in doses of (20) twenty minims every (3) three hours, relieved the tinnitus more than any other medicine used.

The patient himself discovered that by applying pressure, by means of a pad placed over the posterior occipital artery of the left side, he could control the pulsation of the artery, and thereby stop the distressing tinnitus aurium. Accordingly, Mr. Fischer, surgical instrument maker, was directed to manufacture a pad with a spring, somewhat upon the plan of Signorini's Tourniquet, which was quite successful, though somewhat troublesome to apply.

I examined a number of times the superficial arteries of the head and neck, and found the posterior occipital artery of the left side to be in the condition called by some medical authors cirroid aneurism,

or arterial varix. The artery was much enlarged, tortuous in its course, and very prominent to the touch and sight. Firm pressure upon the artery against the occipital bone would empty it, and it would refill on the pressure being removed with a distinct aneurismal thrill and bruit.

On January 12, 1878, fifteen months after the beginning of my attendance, I was summoned in great haste to see him, and found him lying in an apparent state of collapse. He was vomiting violently ; skin cool and moist, and pulse very weak. I was informed that, for a few moments during the onset of the shock, he was unconscious, but he very speedily recovered from this condition and was apparently perfectly rational when I first saw him, which was probably an hour from the time he was first attacked. I found him to be perfectly conscious of all that was passing around him, but unable to communicate with us intelligibly, in consequence of an attack of what is called by Dr. Hammond amnesic aphasia. He protruded his tongue perfectly well when asked to do so, and there was no paralysis of the face or of upper or lower extremities.

It was somewhat affecting to witness his efforts, repeatedly made, to communicate with those around him. He wished, for instance, to give me the residence of his adopted daughter, whom he desired to be sent for, and tried for many minutes to tell me the address, but failed, and finally arose from the bed and gave me a letter containing the desired information. When he attempted to speak he would sometimes give some words correctly, but more often would misplace them, or would still more frequently utter a sound like the syllables "*ter*," "*ter*," and which, of course, was quite unintelligible.

The sight of the left eye was also very much impaired by this attack, and he was unable, for the first few days after the beginning of it, either to read or to write the shortest words correctly. The treatment adopted was perfect rest, low diet and arterial sedatives, together with bromide of potassium and chloral at bed-time to induce sleep. Under this treatment his power of articulate speech improved very rapidly, and he began in two or three days to be able to speak quite intelligibly, though occasionally, and indeed frequently, missing and misplacing words. His powers of reading and writing were much longer in returning to him than his use of speech, and he had, really, though a gentleman of unusual scientific attainments, to learn to read and write like a little child.

Finding that he had forgotten a number of the letters of the alphabet he purchased a large alphabet card, such as is used by little

children, and laboriously acquired the missing letters. After a time, however, his progress became rapid, and in six months from the beginning of this attack he was able to resume his literary employment and read and write nearly as well as ever.

In regard to the *diagnosis* of the case my belief was that his was a case of Embolism, probably including the distribution of the anterior cerebral artery.

My reasons for so thinking were, first, that the sudden onset of the attack and rapid recovery of speech were unlikely to take place if there was hemorrhage into the substance of the brain ; second, the condition of the arterial varix of the posterior occipital artery would, *prima facie*, indicate a like condition of some of the cerebral blood-vessels within the cranium, and would render such an occurrence as embolism not unlikely ; and, third, the extremely limited and local character of the brain lesion, which would be unlikely to occur in cerebral hemorrhage. In the course of a month from beginning treatment, the sedatives were discontinued, or rather only prescribed occasionally, and he was placed upon small doses of bichloride of mercury and iodide of potassium with tonics.

His mental condition continued, as above mentioned, steadily to improve, but the *tinnitus aurium* still remained, and the patient was extremely anxious that some relief could be afforded him. As pressure upon the occipital artery arrested the *tinnitus aurium* and relieved the patient from this distressing sensation, the idea suggested itself, why not ligate the artery and permanently prevent its return ?

Prof. Johnson Eliot was called in consultation, and he coinciding with me regarding the propriety of the operation, I proceeded, with his assistance, to ligate the vessel. This was done just over the groove in the mastoid process of the temporal bone. The operation was performed March 12, 1878, and the ligature separated without any trouble on the tenth day afterwards.

It is unnecessary to dwell in detail upon the case further than to say that the operation was entirely successful in relieving the *tinnitus aurium* and restored the patient to a condition of perfect comfort.

In cases, therefore, in which *tinnitus aurium* is intractable to medical treatment, I would respectfully suggest the propriety of ligation, as above, premising, of course, that pressure applied to the vessel shows that the *tinnitus* can be thus controlled. As for the operation itself, it is hardly necessary to state that it is simple, easily done, and unattended with any special danger.

POPLITEAL ANEURISM.**CURED IN FORTY-EIGHT HOURS BY GENU-FLEXION UNDER NARCOTISM.****Presented before the Medical Society, D. C.****BY****D. W. BLISS, M. D.**

In the spring of 1870, Mr. A. T. H., of Rappahannock County, Va., then 16 years of age, being engaged in engineering, was seized with a severe pain in the right knee-joint, extending down to the extremity of the foot, causing, as he describes, such intense suffering as to necessitate his being carried home.

Upon examination by some of the members of his family, they found, as he describes, "a rapid beating or pulsation, and a small knot or tumor almost directly under the knee." This, he says, he could not at that time think was the cause of the pain, as it seemed most acute in the instep and muscles of the leg.

He suffered intensely for three days before sending for a physician, who prescribed anodynes, and at a subsequent examination pronounced the tumor to be an abscess. Nothing special appears to have been done at that time in the matter of treatment. In course of time another physician was consulted, who pronounced the case one of rheumatism, and prescribed topical camphorated mixtures.

Up to April 1, 1878, the patient himself held to this opinion, fortified by the fact that the pulsations and the accompanying pain seemed to increase just before and during damp weather. Several other physicians were consulted from time to time, and the true character of the malady was not detected until the patient was examined by Dr. Garrison, of Front Royal.

Some time thereafter the patient came to Washington and placed himself under my care. Assisted by Dr. Wells, we had no difficulty in determining the presence of a popliteal aneurism about half the size of a hen's egg, and located between the anterior tibial and the bifurcation of the popliteal into the posterior tibial and the peroneal. Inasmuch as treatment by compression of the femoral artery had been instituted by Dr. Garrison previous to the patient coming under my care, and which could not be persistently maintained by reason of the extreme pain it produced, I was at first disposed to ligate the femoral at Scarpa's triangle. But in view of the favorable physical condition of our patient and the fact that compression had not had a fair trial, and being further desirous of fully testing conservative means before resorting to operative, the patient being young and

otherwise in vigorous health, we decided to call in council Drs. Eliot and Reyburn, who promptly confirmed the diagnosis.

As the title to this paper indicates, we had no occasion to waste time in the discussion of what are known as the medical means for the cure of aneurism, which are confined mostly to venesection, upon Valsalva's plan, or the administration of such drugs as retard the circulation and thus favor the deposition of fibrin in the sac, among which may be mentioned digitalis, veratrum, aconite, tart. emetic, iod. potass., purgatives, act. lead, and abstinence from full rations of food.

This case is somewhat unusual as regards the age—16 years—the great majority of instances having occurred between 30 and 50.

The late Prof. Syme, of Edinburgh, however, met an instance of popliteal aneurism occurring at 7 years of age. In our manipulations we found that, upon forcible flexion of the leg upon the thigh the pulsations were completely arrested in the tumor. It was accordingly decided to give this method a fair trial; and I bandaged, with special care to equable pressure, all the toes as well as the foot and leg up to such point as did not infringe upon the tumor, and also above the knee as far as practicable without interfering with passive motion. I attach special importance to the necessity of including the toes within the roller. Having adjusted the roller satisfactorily we caused forcible genu-flexion and secured the limb in this position by an additional bandage passing around it when flexed.

Upon crowding the index finger under the joint the tumor could be felt, but all pulsation in it had ceased. The patient, however, continued to feel arterial resillience for about two hours, after which the pain incident to this confined situation superceded other sensations, and soon became so great that I deemed it expedient to administer a hypodermic of morphia to protect the nervous system against the shock, as well as to enable the patient to endure to the end—forty-eight hours having been agreed upon as the minimum—although I now think the pressure might with safety have been abated after twenty-four hours' arrest of the circulation through the aneurismal tumor. Other hypodermics of morphine were administered as required by myself and Dr. Wells, and to their influence in enabling the patient to endure his situation we are greatly indebted for the success.

In fact I consider their liberal use in such and similar cases indispensable, and ascribe the failure of compression, as instituted heretofore, due to neglect to place the patient, and keep him, fully under

the influence of anodynes. Beneficial effects also arise from the use of anodynes sufficiently powerful to reduce the frequency of the pulse in thus promoting the deposition of fibrin and solidification of the clot in the sac. Certain it is that their use in this case rendered the patient comparatively and sometimes completely oblivious to sufferings which otherwise would have compelled him, through agony, to have torn off the bandages and interrupted the cure.

Nothing like fever or disturbance of any of the functions supervened, and in the presence of the gentlemen in consultation I removed the rollers at the expiration of the time decided upon, and relaxed the limb sufficiently to admit examination of the tumor, which was found considerably reduced in size, quite compact, and entirely free from pulsation. Of course, a number of days elapsed after the constraint was removed before the patient, by gradual stages, succeeded in getting the limb fully extended.

The method of compressing the femoral artery for popliteal aneurism, by exposing the vessel and applying accupressure needles, and bringing the lips of the wound in close apposition to secure union by the first intention, withdrawing the needles after a few days, was the procedure most favorably entertained by myself and the gentleman in consultation in the event of failure of the method adopted. But, fortunately, contingent speculations were superceded by the entire success of the genu-flexion under narcotism. I have seen the patient frequently since; collateral circulation is fully established, and he is entirely cured.

SCARLATINA BY INOCULATION.

BY

P. J. TIMMINS, M. D.,

Resident Physician, Children's Hospital, D. C.

J. L., negress, aged 35, of robust constitution, employed as a laundress at the Children's Hospital; washed on Thursday, November 21, some clothes belonging to children who were convalescent from scarlatina. Next day (22d) she noticed a "vein," as she herself termed it, extending from a sore on the index finger of the left hand up the left arm as far as the folds of the axilla. There it seemed to end in a crop of papules, which also marked the course of the absorbents from the afore-named sore. On the 23d the papules were attended with itching.—24th, intense itching, which, simultaneous with the eruption of papules, began to involve the entire

surface of the body. On the 25th the itching was universal and so troublesome that the patient stopped working and applied for medical relief. Then, for the first time, she came under my notice; and, though she spoke of the "vein," and feared that she had been poisoned or "conjured," I thought she was afflicted merely with an attack of acute urticaria, and put her off with some bismuth and lime water; 26th, she was forced to stop work; had fever, headache, *sore throat*, no appetite, and thirst. Scarlatina I now believed it, and, to prevent greater spread of the disease in the hospital, sent her home. On reaching home she went to bed and remained in it till the 28th, when she felt able to sit up; 29th, felt very well. On this day desquamation began on the left arm, *along the course of the absorbents by which the poison had entered the system.*

December 2, she returned to work, feeling well, with desquamation completed on the region of the left arm already described, and in progress all over the rest of the body. So rapid a recovery excited some doubt as to the correctness of the diagnosis, notwithstanding the desquamation and other symptoms. This doubt was, however, soon dispelled. On the evening of the 2d she noticed that her legs began to swell, but kept the fact secret. The swelling continued to increase on the 3d and 4th, the patient still working and trying to hide her condition, till, on the afternoon of the 4th, on going to search for kidney sequelae, I discovered that the integument of the left leg had actually burst above the ankles, that serum was oozing from the wound, and that both legs were œdematous and enormously distended even above the knees.

At this hour my friends and former preceptors, Drs. Busey and Ashford, and Dr. W. W. Johnston, were in the hospital. Hoping to interest the doctors, as well as to profit by their advice, I asked them to see my patient. By their direction she was removed to a private room in the building, in which I had ample opportunity for proving the efficiency of cathartics, diuretics and diaphoretics, in relieving her suffering. At this stage of her trouble the quantity of urine passed in 24 hours did not exceed 12 ounces, and it was albuminous. The most efficient diuretic I employed was digitalis, in pill form, one grain thrice daily, increased every second day by a grain added to each pill. Under its use the urine, after four days, amounted to 35 or 40 ounces, and was free from albumen. The digitalis I had recourse to at the suggestion of Dr. Johnston. Hot-air baths, by means of bottles of hot water packed around the patient in bed, and jaborandi were the remedies I used to act on the cutaneous surface.

Both of these remedies I owe to the advice of Dr. Busey. The hot-water bottles acted like a charm; the jaborandi I administered only once, giving gr. xxx. Its effect was to produce great salivation, lasting for about an hour, and a moderate stimulation of the perspiratory glands. Slight acquaintance with this agent deterred me from giving it more than once; but I think that, in repeated doses, it would prove to be a very serviceable diaphoretic.

My patient is now well, rejoicing in a new coat of cuticle from the palms of her hands to the soles of her feet. The history seems to confirm the diagnosis assumed in the title of this article. Not having access to the room in which the scarlatina patients were, she could have taken the disease only from their clothes, and the primary affection of the left arm would seem to afford indubitable proof that the poison entered the system by way of the sore on the index finger. The fever in itself was of mild form and short duration. Its after effects had, probably, been escaped if the patient had avoided too early exposure. Was the mildness of the fever due to the manner in which the poison found entrance into the system? This and other questions that will suggest themselves I leave to be answered by older heads. That some inferences for the advancement of our profession and the benefit of mankind may be drawn by industrious minds from a knowledge of the present case, is my earnest hope and only apology for its publication.

BOSTON MEDICAL LIBRARY
 ERYSIPELAS
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 HYPODERMICS OF CARBOLIC ACID SOLUTION.
 BY
 J. FORD THOMPSON, SM. D.,
 Professor Surgery National Medical College, etc.

During the months of October and November, 1878, there were several cases of erysipelas in Providence Hospital, the disease originating apparently from a patient with gangrenous sore throat, who had been placed in the surgical ward.

The first person attacked was the man in the adjoining bed, who had been several years in the hospital with constitutional syphilis. The disease commenced in the scrotum and rapidly extended over the abdomen, causing death in a few days, notwithstanding the usual surgical and medical practise in such cases.

The next case was that of an old lady who had also been some time in the hospital, "St. John's ward," with a chronic ulcer of left

leg, just above the ankle. The disease first noticed November 7th, about the ulcer, from which it extended in a few days to the knee and thigh. The limb was much swollen and vesicles numerous. She was given tr. ferri, and quin. sulph. in large doses; the limb was painted with tr. iodine above the disease every morning, and astringents with opium applied. On the 10th day, the disease being still active, especially on the posterior aspect of the thigh, although much better below, I injected eight hypodermic syringe-fuls of a 3 per cent. solution of carbolic acid into the most intensely inflamed region; the next morning the disease had so much subsided that nothing further was done for her.

Case 2. Mrs. B., in the same ward, who had been in the hospital over a year for severe burn of the chest and arms, called my attention to her right wrist on the morning of November 15, which I found slightly inflamed; as, however, it was quite limited, and as I wished to try Henter's treatment in a well-marked case, I deferred all interference until next morning.

November 16. The inflammation had extended from the hand to the middle of the arm, the limb being very red and swollen, presenting all the local and constitutional symptoms of erysipelas. I injected eight syringe-fuls of the 3 per cent. solution of carbolic acid between the wrist and elbow.

November 17. The inflammation of the forearm very much better, but it had extended towards the shoulder, and also over the back of the hand. Seven injections were used, two in the back of the hand, the others above the elbow.

November 18. So much improved that only four injections were given—two in hand and two near shoulder.

November 19. The disease had almost entirely disappeared except in the hand, which was still slightly red and puffy; two injections were given.

November 20. Patient well; no medicine or local applications whatever were used in this case beyond those named.

Case 3. M. D., age 40, was admitted November 24, suffering with internal hemorrhoids. Fearing to use the ligature on account of erysipelas, I injected a few drops of oil and carbolic acid, equal parts, into a very large pile which was exposed by the speculum. It gave rise to no special symptoms, but during the week he complained of feeling badly, loss of appetite, &c. On Saturday, November 30, he seemed much worse, and said that he was suffering considerably about the anus. Upon examination I found erysipelatous inflamma-

tion around the anus and extending outwards over the right buttock. I at once injected five syringe-fuls of the solution, already mentioned, between the ischium and the anus.

December 1. Patient better, and the inflammation immediately around the anus much less. I attempted to use the syringe, but finding it out of order postponed treatment until next morning.

December 2. The disease had extended over right buttock, but around the anus and perineum it was about the same as previous day; four injections given.

December 3. Disease had not spread, but improvement not marked; six injections were used over the buttock.

December 4. So much better that no further treatment was thought necessary. No medicine was given internally or local applications used.

Although I have used the above treatment in but three cases, I have been induced to report them on account of the importance of the subject and the striking result obtained in each. I think that most surgeons will admit that the usual plan of treatment is extremely unsatisfactory, and very little confidence is to be placed in the numerous local and constitutional specifics recommended. We should give, as soon as practicable, this new treatment a just trial, for I am inclined to believe it far superior to any heretofore practiced.

DIFFERENTIAL DIAGNOSIS BETWEEN SOME CASES OF ECZEMA AND CASES OF PSORIASIS AND SCABIES.

BY

F. C. VAN VLIET, M. D.

I have been led to offer a few brief observations upon the best means of making a clear diagnosis between eczema and some cases of psoriasis and scabies, from the fact that while it is no easy matter to make a correct diagnosis in such cases, yet it is absolutely necessary that such a diagnosis be made, inasmuch as treatment beneficial to the one disease would prove more or less injurious to the others.

Let us first note the points of difference between a case of psoriasis and one of eczema squamosum.

Upon superficial inspection a case of psoriasis usually presents the following appearances: One or more dry inflammatory patches are observed; they are more or less infiltrated, and are elevated to a greater or less degree above the level of the epidermis. These patches

are covered with a great number of shining, adherent scales, of a mother-of-pearl color, and which are noticed, under a magnifying glass of low power, to be more or less imbricated. There is considerable desquamation, but the loss is scarcely perceptible, being counterbalanced by the new formation in the deeper layers of the epidermis.

Such are the general appearances of psoriatic patches as presented to the eye at first sight.

Let us now examine a case of *eczema squamosum*. Here we have a late stage of one of the four varieties of *eczema*; it has been noticed to frequently follow *eczema erythematousum*. In *eczema squamosum* we also find one or more dry, more or less scaly infiltrated patches occupying various parts of the body; all the superficial, objective phenomena appear almost identical with those of the psoriatic patches; in fact the two diseased surfaces resemble each other so greatly that some continental writers were led to apply the term *psoriasis* to these cases of *eczema squamosum*.

Having now endeavored to show how easily a mistake in diagnosis can occur during an ordinary superficial examination of the objective lesions, I will briefly state the points which appear to be most important in distinguishing the two diseases:

One of the most conclusive means of diagnosis of *psoriasis*, in my opinion, is the discovery of a thin, delicate, almost transparent membrane, which is found beneath the scales in the psoriatic patches, between them and the surface of the integument, which latter is described as "red and studded with minute blood-points." The discovery of this membrane was first made known to the profession by Dr. L. D. Bulkley, of New York, and an interesting description of it can be found in the "Archives of Dermatology," vol. IV., No. 11, April, 1878.

In my experience this membrane is always present in the disease now under consideration. In the removal of scales from *eczematous* patches I have failed to notice any appearance that could be mistaken for this "pellicular membrane" of *psoriasis*. Among other points of diagnosis may be mentioned the following: The patches of *eczema* fade imperceptibly into the healthy skin, whereas in *psoriasis* the termination is abrupt, the line of demarcation being sharply defined. The scales on *eczematous* patches are thin and occasionally silvery-white; those of *psoriasis* are thicker and silvery, and, under a hand-glass, present a more or less imbricated appearance which is wanting in the scales of *eczema*. Again the color in

eczema is of a brighter tint than in psoriasis, and the itching is more constant and severe.

Another important aid to the diagnosis is the decided preference which eczema shows for the flexor surfaces of the elbow and knee-joints, while psoriasis exhibits a strong tendency to develop upon the extensor surfaces of the same joints. Combined with the above points the previous history of the case will contribute greatly towards a correct diagnosis. In the majority of cases of eczema there is usually a history of moisture at some stage, "the exudation," which, with the older writers was considered a *sine qua non* of all cases of this disease; in psoriasis the disease is always dry from the first; further eczema squamosum, as the later stage of an acute attack, has been preceded by papules, pustules or vesicles; in psoriasis we have accumulation of scales alone as the primary eruption; finally the average health of psoriatic patients is good, while eczematous subjects are more or less debilitated.

Let us now devote a few moments to the diagnosis between cases of eczema pusulosum et vesiculosum and scabies. This I consider a highly important subject, from the fact that these two diseases possess more features in common than any other two, and because they are, with the exception of acne, more frequently encountered than any other cutaneous diseases.

We are all aware that the origin of scabies is due to the *acarus scabiei*, and therefore the discovery of the *acarus*, its ova or cuniculus would settle the diagnosis at once. But this is by no means easy in all cases. Take, for example, a chronic case of scabies; here, owing to the long-continued and severe scratching, all appearances of the cuniculi and ova are obliterated; in place of them we find inflammation, papules, pustules, vesicles and crusts; exactly the condition present in many cases of eczema.

In such cases the following points may be remembered: In scabies, contagion, either direct or indirect, is bound to have taken place, and a clear history of contagion proves very valuable to the physician. The regions attacked offer important diagnostic hints, scabies generally occurring primarily upon the inner surfaces of the wrists, the lateral surfaces of the fingers, and upon the forearms; in children frequently over the gluteal region. From these points it rapidly spreads until more or less of the whole cutaneous surface is involved.

On scraping the garments the patient wears next the skin, and placing the débris upon a glass slide beneath the microscope, sometimes fragments of the *acari* can be discovered. A pruriginoid

eruption when most abundant over the inner aspect of the thighs the abdomen and the forearms is suspicious of scabies. Again, scabies is generally more diffused than eczema and the itching is marked. Finally, in doubtful cases, resource must be had to treatment to determine the character of the eruption, a parasticide being eminently beneficial in scabies, but being of little, if any, good in cases of eczema. It should be remembered, that severe scratching can develop in patients with scabies, a true case of eczema, which has a tendency to become chronic unless subjected to judicious treatment.

EDITORIAL COMPILATIONS AND COMMENTS.

FETICIDE, INFANTICIDE AND HOMICIDE BY NEGLECT.

One of our daily papers lately contained the following paragraph :

“ A strong and determined movement ought to be made to build and endow a Foundling Hospital in this city. The dead babies that have been found by the police within the past year, thrown on ash-heaps and in vacant lots, number nearly a hundred.”

From records obtained at the health office it appears that the number of dead infants reported by the coroner during the past year, the places of whose deaths, respectively, are unknown, number nearly fifty, of which the larger part were colored. It is safe to say that of the total number of deaths which occur in this District nearly, if not quite one-half, are of the colored race. In round numbers, the annual death rate in this District is 3,000 ; and for 45,000 colored population to furnish as many victims to the angel Azrael as are returned from a population of 115,000 whites, shows an immense percentage against the colored element of our city.

While this rapid decimation of the colored people should form a text from which sanitary and political orators may preach to advantage, the fact is not circumscribed to this neighborhood. A health officer in Nashville, Tenn., has collected statistics comparing the mortality of the white and black races at the South, which show “that the colored people are dying off almost twice as rapidly as the whites,” and he thinks it due to “their extreme ignorance of the laws of health, inadequate food and clothing, living in unwholesome quarters, and their being subjected to incessant and intense religious excitements—lasting late into nearly every night.”

In this District the colored population has diminished over twenty thousand since the close of the war. At this rate, assuming the same percentage is against them in other sections of the country, it requires no prophet to foretell that the colored voter will, at no very distant day, cease to be the bone of contention between political parties; and that recent amendments to the Constitution will be rendered nugatory by disease and death.

In addition to the data above mentioned there are figures furnished us from the health office which warrant special attention, and the facts or suspicions to which they point should be authoritatively

investigated. The number of still-births reported during the year up to December 1, 1878, amounts to 402, of which 259 were colored and 143 white. When we add the previous figures to these, we have an annual record of nearly *five hundred dead infants*, who are returned by certificates as having been born dead—a most remarkable percentage of mortality of this character in a community of this size, and altogether irreconcilable with the belief that such births have been superintended by intelligent accoucheurs. This belief is strengthened by the fact that “the number of Midwives registered at the health office is 285, of which number *it is estimated* fully three-fourths are colored,” the balance Irish and German women, and nearly all are too old and too ignorant to earn a living in any other vocation.

A very large proportion of obstetric practice in this city and vicinity is intrusted to these women, and probably every *regular* Practitioner here can attest to having been called *in extremis* to rescue the mother, who, for reasons principally of economy, has risked her life and that of her unborn infant to the bungling and utterly unscientific, if not positively barbarous management, or rather want of management of these densely ignorant crones.

We would not be understood as casting the aspersion that these five hundred dead infants, recorded as having died in the act or effort of *being born*—and not, therefore, to be counted with those which die *after having breathed*—die as the direct result of *intentional* malpractice, but we do venture to charge this large bill of mortality to the account of ignorance. It has long been held that ignorance does not exculpate crime. These deaths may justly be classified, where both mother and child perish in labor, as cases of homicide and infanticide by neglect, or what may be called *contributive* neglect, on the part of both the mother and the midwife, the mother in many cases being more to blame in neglecting to employ an educated accoucheur, and thereby risking her own and the life of her child; the so-called midwife, on the other hand, in having neglected to educate herself up to the duties she has assumed.

A low estimate of life, especially of infantile life, has always been an accompaniment of ignorance of the teachings of the Christian religion as a humanizing influence.

Historians inform us that intentional infanticide was not only *not* considered a crime, but its commission was sanctioned and enjoined by law and usage among many nations of the olden time who made great pretensions to civilization.

The laws of Moses make no direct mention of infanticide, which

would imply that the Hebrews of his time were not addicted to this practice.

Tacitus relates, however, that subsequent to the time mentioned, they became contaminated by association with their idolatrous neighbors, the Canaanites, and fell into the practice of offering in sacrifice their new-born infants to their idol Molech in the valley of Tophet, east of Jerusalem.

In the times of Jeremiah and Ezekiel, who wrote in the beginning of the Babylonish captivity, the practice of sacrificing infants is described as having been prevalent.

Among the ancient Phœnicians infants were sacrificed as a religious rite, by burning them in a brazen statue of their idol Saturn ; and the Carthagenians, who were colonists of the Phœnicians, and distant relatives of the votaries of Voodoo in certain sections nearer home, retained this practice.

In time of peace the offspring of slaves constituted the sacrifice ; but when war or pestilence came upon them, the victims were selected from the first families ; and it is stated that upon the occasion of their defeat by the King of Sicily, they immolated two hundred of the sons of their nobility.

Heroditus mentions the custom among the ancient Persians of burying infants alive ; and informs us that Amestris, the wife of Xerxes, at one time, in order to propitiate the Deity whom they supposed existed under the earth, ordered the interment alive of fourteen children of illustrious birth. Among those doomed to death by this means was Cyrus, the renowned warrior, then an infant, who escaped to reciprocate by other means and to other ends the compliment intended for himself.

While Pharaoh created a sensation which has rippled down the tide of time, somewhat to his discredit, by ordering the destruction of all the new-born male offspring of the Jews then in Egypt, it is recorded in mitigation, by Strabo, as eminently praiseworthy that the children of the Egyptians themselves were treated with great tenderness, and infanticide even of a slave child was severely punished.

Many of the Grecian States not only permitted infanticide, but enforced it by law ; and it was the custom for committees of old men to examine new-born infants, and those found to be very feeble or deformed were ordered thrown into a cavern called Apothetæ, at the foot of Mount Taygetus.

Even Aristotle enjoined the exposure to wild beasts of children feeble and deformed, and kindly suggested that if this practice could, by any possibility, be construed as likely to shock the finer sensibilities of a few over-fastidious and super-refined grumblers, he would move to amend by modifying the law limiting the number of children born in each family, by interposing abortion, as a more delicate way of accomplishing the humane purpose in view of not overburdening the State with superfluous population.

This struck Plato as eminently philosophical, and he justified the practice proposed by subscribing his name to the petition to the Grecian law makers for such an enactment; coupled, however, with the urbane addendum that of those allowed to be born alive, should any be born with deformity, that the same be forthwith "removed and concealed in some obscure retreat," to take their chances between nothing to eat and being eaten.

But in ancient Rome the practice of infanticide exceeded that of all other nations—without, however, the excuse of religious superstition which prompted the Phœnicians and Carthaginians, or the state necessity of regulating the amount of population which the Greeks urged in their justification.

By law, the Roman father was invested with supreme power over the lives of his children, and was called upon to determine which of them, if any, should be allowed to live.

Those doomed to death were, without compunction, tucked in their little togæ and carefully laid in some sequestered dell through which wild beasts were reputed to perambulate.

During that period, when the Roman Empire was at its highest pitch of grandeur, and while the Romans characterized neighboring nations as barbarians, especially alluding to the Germans, who took unusual care to preserve infants and rear them, the destruction of infant life in Rome was practiced by high and low, rich and poor, without punishment or even censure.

Christianity exerted the first influence to restrain the practice of infanticide, and it was finally placed under ban in the Roman Empire by the successive efforts of the Emperors Valentinian, Valens and Gratian.

The practice of infanticide is still prevalent in eastern and southern Asia.

The Chinese are notorious, or were within the last quarter century, for the exposure and more summary murder of their children.

It has been estimated that 9,000 children in the city of Pekin alone

were annually destroyed by being thrown into pits outside the walls of the city, and as many more destroyed in other parts of the kingdom.

In Canton, of late, the establishment of Foundling Hospitals has mitigated this wholesale slaughter, and 5,000 female infants are saved annually, by being deposited in these institutions maintained by government, instead of being flung over the walls of the city and left to die in the ditches.

Infanticide prevailed among the Hindoos, and its atrocities are reported to have been beyond description ; and in most of the large islands, Ceylon, Sandwich, Feejee, &c., infanticide was the rule, previous to the introduction of Christianity.

Among all the nations and tribes of the world, many of which knew not of the existence of the others, there appears to have been a remarkable unanimity in regard to the sacrifice of the female instead of the male infants ; and among some this distinction prevailed so far as to reduce the female population to the proportion of one to ten of the males.

While infanticide was found to be an institution among the Mexicans and Peruvians, they do not appear chargeable with the crime of exposing and wantonly destroying their new-born offspring, but, like the Phœnicians, offered them in sacrifice to their Deities, in accordance with their religious belief.

It is claimed in honor of the North American Indians that infanticide is rarely practised among them, the rarity being confined to those born deformed ; but this honor is questionable when supplemented by the admission that, as a substitute, abortions were quite common, at least among some of the tribes ; and such violent means were employed voluntarily by the mother herself, as no less hardy constitutions could survive.

It would become tedious to pursue these specifications, further than to observe that scarcely a nation or tribe has existed among whom, at some time, infanticide has not been prevalent. It has been found to be present among nations who would scarcely be expected to tolerate it, as the modern Persians and Egyptians ; and has been found to be exceptional among others, worshippers of idols, especially of the Burman Empire. The first recorded public efforts to restrict and suppress the crime of infanticide were made by Constantine the Great, who issued his first decree in the year 315 for Italy, and subsequently in the year 322 for Africa, but not until the end of the fourth century was it finally legally ostracised in Rome by the efforts of the emperors mentioned.

In proportion as enlightenment has supplanted superstition, and education has superseded ignorance, so has this crime abated, and its prevalence in any way resembling its practice as of old, is only found among the most degraded, of whom are a very large proportion of the specialists indicated, in this District.

Infanticide by neglect is usually found to have resulted from umbilical hemorrhage, or from smothering, or want of nourishment. Most of the cases of infants found dead and examined by the Coroner show evidences of actual injury sufficient to cause death, even if the same had been born alive, of which there is a remarkable scarcity of testimony. Many are found, upon examination, to have had the umbilical cord torn out of the abdomen by main force, from the shock and hemorrhage of which death must necessarily ensue. Post-mortem examination in these cases show an exsanguined condition from loss of blood. In other cases the bones of the skull are found overlapping with local effusions of blood as if subjected to much more than the natural pressure incidental to labor.

In many a case of natural labor the child has been lost by the ignorance of the midwife, who failed to remove the cord which not uncommonly becomes twisted around its neck. In a short conversation with only one physician out of the several hundred in this District, no less than four cases were detailed of the grossest malpractice. In one case to which this physician was called he found the child just born was dead from neglect, while all the attention of the midwife was directed to the mother, whom she had placed in a *hot bath* in order, as she said, to "soak the afterbirth so it would come away." Before the physician could remedy the evil the woman died, and the bath looked like a sea of blood.

In the second case, from ignorance of the midwife in not knowing how to even determine the existence of danger, much less to avert it, rupture of the womb took place, and the mother and child both died. When the child by *post mortem* operation was removed from the abdominal cavity of its mother, it was found that the diameters of its skull were such as to have admitted of an easy birth if the same had been intelligently supervised.

In the third case the mother died from non-contraction of the womb after the child was delivered, and she was found weltering in a pool of blood, too copious to admit of any hope of resuscitation, but which could have been so easily prevented if the midwife had only known enough to excite contraction of the womb and apply proper means to maintain its contraction.

In the fourth case both the mother and child died from violence exerted by the midwife, who, finding "something sticking out," as she explained, and not knowing what it was, seized it and by main force tore away one of the child's limbs, which, as is well known, not uncommonly present in labor, and as nearly every educated physician will be willing to concede, are scarcely ever to be disposed of in the manner stated. Of course the child was found dead when the *post-mortem* was made upon the mother, and the limb which the midwife had torn off and slung under the bed was found to fit accurately to the mutilated body.

This is the brief experience of only one, and we leave our readers to conjecture what sort of evidence could be accumulated if *all* the physicians in this District should hand in their "Notes and Recollections." We shall publish the same if forthcoming.

There are no data upon which we can predicate an estimate as to how many of these dead infants are the issue of illegitimate relations. Assuming that the cases to which the coroner's attention is called—less than fifty per year—are of this type, there yet remains four hundred and fifty which we know from the records are not thrown upon ash-heaps or dumped in vacant lots, either to cover up shame or avoid the expense of burial. The demise of these four hundred and fifty infants would, in all human probability, have been avoided in at least ninety per cent., if the accouchments had been scientifically supervised.

We rather think the mothers, many of whom are white and ought to know better, yet will put their faith in these dusky descendants of Ham and employ them in obstetric practice where the genius of the most enlightened and experienced accoucheurs often fail, are more to blame for the existing state of things hereabouts than are the poor, brutal, ignorant, presumptuous, so-styled midwives themselves, for daring to tread where angels scarce would follow.

TO THE PROFESSION.

Physicians desirous of having reports of their important cases published, will please send their papers to the Editor as near the *first* of each month as possible. Promptness in this respect will insure time for perfecting and correcting proofs of manuscript, it being desirable to have the edition ready by the middle of each month.

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TO THE LATE

DR. WM. BEVERLY DRINKARD.

At an informal meeting of the Medical Society of the District of Columbia, December 11, 1878, Dr. J. Ford Thompson in the chair, Dr. Samuel C. Busey, in a brief though sympathetic speech, called the attention of his associates to the fact that no souvenir expressive of the tender sentiments which embalm the memory of their lamented friend, the late Dr. Drinkard, has yet been placed over his grave.

At the close of his remarks Dr. Busey offered a resolution that the Society tender to the relatives of the deceased some tangible evidence of the respect in which his memory still remains enshrined; and that a committee be appointed to confer and determine with regard to suitable procedure.

Dr. Drinkard died February 13, 1877, and at a special meeting of the Medical Society, called the following day, Dr. Busey, the then president, announced the event in most impressive terms, paying a glowing panegyric to the attributes of his late friend, and dwelling especially upon the heroism, patience, and ever-thoughtful appreciation manifested in return for attentions shown him during his last sickness, closing his eulogy with a vivid word-painting of the affecting scenes incident to their last hours of communion.

It will be ever remembered by those present how eloquently the sterling qualities which characterized Dr. Drinkard, as a student, teacher, and physician were also attested by Drs. Toner, Garnett, Young, Antisell, Tyler, Lovejoy, Thompson, Ashford, King, Hagner, and others, at the meeting over a year ago; and the promptitude and unanimity with which the present resolution of Dr. Busey was adopted, clearly demonstrates the sincerity of the expressions of condolment then entertained, and that the same shall assume the form of an emblem typical of the finest sentiments of the human heart—a memento of the fidelity of the living to the memory of the dead.

ANNIVERSARY ADDRESS.

The anniversary meeting of the Medical Society of the District of Columbia was held in Talmadge Hall, Friday evening, December 20, 1878.

The oration was delivered by Dr. A. F. A. King, of the National Medical College, D. C., who premised the subject of his address by a brief history of the organization of the society and the inauguration of the custom of celebrating its anniversary.

The first orator elected to deliver the annual address was Dr. Grafton Tyler; as far back as January, 1852. A copy of his address is now before us, entitled: "Medicine as a science and an art, its philosophy, influences, purposes and results; its past and present condition and future prospects." The custom was interrupted by the war.

The first anniversary oration since the war was delivered by Dr. J. M. Toner on "The History of the Medical Society and of the Medical Profession of the District of Columbia from the earliest settlement of the city."

The second, by Dr. Noble Young, on "Medical practice in the District as it is, compared with what it was, fifty years ago."

The third, by the late Dr. W. P. Johnston, on "The treatment of the early stage of acute diseases."

The fourth, by Dr. N. S. Lincoln, on "The study of the classics as an element of medical education."

The fifth, by Dr. S. C. Busey, on "The trials, responsibilities and requirements of a physician's life."

The sixth, by Dr. Louis Mackall, Jr., on "Our progress in the study of Nervous Diseases during the last twenty years."

The seventh, by Dr. J. W. H. Lovejoy, on "Disease and Bioplasm."

The eighth, by Dr. D. R. Hagner, on "The history of Medicine, Vaccination," &c.

The ninth, by the late Dr. W. B. Drinkard, on the "Medical Society of the District of Columbia, its progress and aims."

The tenth, by Dr. W. W. Johnston, on "The fallacies of therapeutics and the persistence of wrong methods in the acquisition of therapeutic knowledge."

The eleventh, by Dr. Thomas Antisell, on "Sanitary science."

The twelfth, by Dr. A. Y. P. Garnett, on "The importance of *associated labor* in the advancement of medical science."

The subject of the present discourse was "*The conservative influence of disease in promoting longevity.*"

The speaker expressed the opinion, and fortified the same with quotations from standard medical writers, that the bent of authority is gradually veering round towards a recognition of his proposition. In illustration, he supposed the case of an individual attacked with symptoms resembling sea-sickness or cholera. He has persistent emesis, intense thirst, great prostration, gastric pain; he continually craves and takes cold water, but rejects both it and food; he can retain nothing. These symptoms continue several days and prostration increases. If the disease does not stop he will die. The disease does not stop, and he dies. Name of the disease, acute gastritis. Diagnosis verified by *post-mortem* examination. No proof seems to be wanting that the disease, gastritis, killed this individual.

But the speaker further continued his hypothetical case by assuming that the origin of this train of symptoms is found to be due to contamination of the water supply of the patient by arsenic. This altogether changes the aspect of the case.

The processes observed as phenomena of the disease are discovered to have actually prolonged life, and postponed the fatal event; the stomach has rebelled against and persistently rejected a poisonous fluid, which, if retained and absorbed into the blood current, would have more rapidly produced death by its action on the nerve centers.

Besides the *protective* or *defensive* process of emesis there occurred also a *reparative* process, by which (if the poison had been applied in less violent and repeated doses) a restoration to health would spontaneously have taken place, a result naturally promoted by the thirst for cold water, total anorexia, &c. So, again, the process of inflammation itself occurred in obedience to a conservative law, by which the stomach (in the case cited) was prompted to undergo a structural change, an adaptive reconstructive process, which would have—had the poison been gradually and persistently applied instead of suddenly—resulted in adapting the organ to its new environing element, viz.: arsenic. Hence the ability of arsenic eaters to take large doses without injury.

In the course of his oration Dr. King quoted from a lecture recently delivered in London by Dr. Milner Fothergill, in which the latter had said that when the announcement that fatty degeneration of the heart might be a preservative lesion was first stated before the Pathological Society of London, that body was convulsed with laughter, yet now every one acknowledges the truth of the apparent fallacy,

since it is known that the consequent reduction of heart power saves the patient from apoplexy.

Dr. King drew illustrations in support of his position from articular rheumatism, which, since it was always associated with heart disease, was conservative by necessitating muscular rest, by which rest reparation of the heart was secured and fatal cardiac disturbance obviated. Parotitis was cited as an adaptive process of development, (as lately shown by Prof. Isham, of Ohio,) resulting from excessive demand for salivary secretion consequent upon mastication of hard substances. Whooping cough was probably conducive to longevity by either securing to the patient an immunity from more serious disease in after life, or in securing a normal evolution of the respiratory organs in certain individuals. Small-pox, yellow fever, and other affections that usually occur but once, were considered protective and conservative in rendering the subjects of them proof against future impressions of the causes of those affections. The various processes that occur during and subsequent to severe hemorrhages, by which the bleeding is checked and the life of the patient saved, were also cited as evidence of conservatism in nature.

Certain other processes, however, such as the lodgement of an embolus, excessive effusions in serious cavities, the tangle of an intestinal invagination, the infraction of foreign bodies, the crystalization of calculi, &c., were cited as non-conservative or accidental processes occurring, not in obedience to *vital* laws, but only as the consequence of *physical* ones, either chemical or mechanical.

In short, the speaker claimed that if there was no such thing as disease, death would come upon us suddenly, for then the organism would be no longer able to execute the changes, both of function and structure, which he had endeavored to show were necessary and conservative processes considered in relation with, and as the result of, the external offending causes from which the processes of diseases themselves originated.

Whatever dissentient views, if any, may have been entertained by members of the audience regarding the arguments of the speaker, there was perfect accord and endorsement of the well-merited compliment paid by the orator to the indefatigable and patient labors of the secretary of the society, Prof. Kleinschmidt. The peroration was received with applause, and in due form the president adjourned the society.

MEDICAL SOCIETY OF DISTRICT COLUMBIA.

ANNUAL ELECTION.

ON the evening of the 6th instant the Medical Society of this District held the annual meeting for the election of officers. After the usual routine, Dr. J. Ford Thompson in the chair, balloting commenced for president, and Dr. D. R. Hagner was elected.

The retiring president, in a neat speech, returned thanks to the society for their uniform courtesy during his term, and welcomed his successor, who was duly installed. Balloting proceeded for election of vice-presidents, resulting in the choice of Drs. J. W. Bulkley and J. T. Young. Dr. T. C. Smith was re-elected corresponding secretary and Dr. C. H. A. Kleinschmidt recording secretary, being the latter's ninth term of office. Dr. C. W. Franzoni was again chosen treasurer, and Dr. A. Patze re-elected librarian. The board of examiners elected are as follows: Drs. Hartigan, Prentiss, Kleinschmidt, Palmer, and J. T. Johnson; and the board of censors Drs. Murphy, J. E. Morgan, and Johnson Eliot. A vote was unanimously passed ordering \$100 per annum to be paid by the treasurer to the recording secretary in quarterly instalments.

BIBLIOGRAPHIC.

An important contribution to medical bibliography is announced for January in the appearance of the "*Index Medicus*," a monthly journal, which will give, *under subject headings*, the titles of original articles in the chief medical periodicals of the world. The value of such assistance to the student and writer in bringing together the entire literature of each subject as it appears, is not to be easily estimated. Such a work to be thorough could only be prepared in a public medical library having an extensive file of journals and receiving the transactions of medical societies at home and abroad. The work in question is edited by Dr. John S. Billings, U. S. A., in charge of the library of the Surgeon General's Office, and his assistant, Dr. Robert Fletcher. The publisher is Mr. F. Leypoldt, of New York, well known in connection with extensive bibliographical publications.

SELECTIONS.

CONDENSED FROM CURRENT MEDICAL LITERATURE.

MANAGEMENT OF LYING-IN DEPARTMENT OF COLUMBIA HOSPITAL, WASHINGTON, D. C., P. J. MURPHY, M. D., SURGEON IN CHARGE.—The usual method pursued in this institution is to admit patients within one week of confinement, or as near that time as possible, in order that their systems may not become tainted with hospital air and their spirits depressed by hospital influences, and to retain them one month subsequent to delivery. On admission, the patient receives a bath (tepid) of carbolized water, (about 2½ per cent.) and all clothing soiled or unfit for use is removed. The patients, especially the colored ones, are, as a rule, ragged and dirty in the extreme. The hair is examined for vermin, and if any be found, is daily washed with a solution of bichloride of mercury, (gr. ij to aqua 3i,) until all trace of them is removed. The quantity of urine is measured, and a chemical and a microscopical examination of its character made and recorded. The number of pulsations of the foetal heart is accurately determined, and a complete history of the patient is obtained. The genitals are inspected for any trace of disease and the condition and position of the cervix uteri observed.

Great care is exercised in the after treatment of the lying-in woman. Each patient, after the removal or expulsion of the placenta, is carefully washed with carbolized warm water around the genitals, and, if any abrasion exists, a small piece of cotton batting, saturated with carbolized water, (1 to 40,) is introduced between the labia and frequently changed. Carbolized napkins are invariably used with each patient, and should the lochia become offensive, antiseptic vaginal injections are directed as often as necessary. Bromo-chloralum has proved less irritating than carbolic acid, and is frequently substituted for the latter. Experience has taught that where soreness and tenderness of the vagina is complained of the following formula serves to allay irritation and afford relief: *R. Potass. Permanganatis, ʒ i; Potass. Chloratis, ʒ iv; Aquæ, fʒ ij. M. Sig. teacupful to be added to a quart of warm water and used as a vaginal injection night and morning.*

The diet is simple but varied. For breakfast a cup of tea or milk with toast; beef-tea at 11 a. m. For dinner, soup with bread. For

supper, oat-meal gruel with milk. That constitutes the diet for the five days following delivery, when a return to the usual hospital fare is permitted, should everything go right.

I have observed that when several women are confined in the same ward, at or near the same time, a disagreeable odor is observable, no matter though the ventilation be thorough and scrupulous cleanliness maintained. I direct, when necessary, a vapor of carbolic acid to be disseminated throughout the room by means of a wire frame-work attached to the gas-burner, on which is placed a shallow tin cup containing one part of pure carbolic acid to eight parts of glycerine. This solution is permitted to evaporate slowly, as long as it produces no discomfort to the patients in the room.

The lying-in wards are frequently fumigated with sulphur; the hands of the attendants are washed in a solution of carbolic acid (1 to 60) before making any examination of the women about to be confined, and with these precautions it is gratifying to know that during the past year and a half, though over 150 women have been delivered, no case of puerperal fever has arisen within a building not originally intended for a hospital, and where faulty arrangement of construction render isolation impossible.—*Condensed from Obst. Gaz., Cin.*

EXTIRPATION OF THE WHOLE OF THE TRUE AND FALSE VOCAL CORDS, WITH PRESERVATION OF THE VOICE.—Dr. J. Burney Leo and Mr. Joseph Lister, give, in vol. XI, Trans. Clinical Soc., London, the details of a case in which multiple papillomatus growths in the larynx were extirpated by complete laryngotomy, followed by firm union of the cut halves of the thyroid cartilage, and an audible voice of a deep, hoarse monotone character with a natural cough. The arytenoid cartilages being left intact, with the exception of the anterior processes of their bases, the aryteno-epiglottidean folds have supplanted the vocal cords by their approximation and vibration in producing the voice. Lister considers the stertor of profound anaesthesia, as due to the action of these folds, terming it *laryngeal steter*; and as, moreover, constituting the obstructing agent by which the exit of air is prevented during the expiratory effort which produces coughing.—*Selected by Dr. Wm. Lee, Librarian American Medical Association.*

GENITO-URINARY DISEASES—DAMIANA.—The effects of Damiana are claimed to be alterative upon the alimentary canal, and tonic upon the urino-genital organs.

It is given in teaspoonful doses of the fluid extract, in milk, which

more readily suspends gum and resin solutions, and may be repeated three or four times a day.

It has been found serviceable in many cases of sexual debility or impotence from excessive indulgence; in spermatorrhœa, and in chronic prostatitis with loss of prostatic fluid.

In the female it has been found very efficient in cases of amenorrhœa, leucorrhœa and consequent sterility.

The physician is expected to exercise his own judgment in enjoining rest, and the use of warm baths, belladonna, bromides and such other means, as will first relieve the parts of local congestion, before prescribing the Damiana.—*From Monograph, by Dr. J. J. Caldwell, Balt.*

TRANSMISSION OF SYPHILIS BY A BITE.—In the *Allg. W. Medezin Zeitung*, Dr Zeissl reports a case in which syphilis was communicated otherwise than through the genital organs. A joiner, aged 28, was admitted into the syphilitic department of the General Hospital in Vienna, having suffered from syphilis for eight weeks. The genitals were perfectly free from signs of specific lesion, present or past, and the neighboring lymphatic glands were unaffected. The patient had, on the surface of the body, numerous brownish cicatricial depressions, evidently syphilitic. On further examination, the dorsal aspect of the left thumb, over the metacarpo-phalangeal articulation, showed a depressed, still partly infiltrated, hard, hyperæmic, irregular cicatrix as large as a bean. In this part, he said, he had been bitten by a drunken companion, in an attempt to prevent him from making a noise in the street, by placing his hand over his mouth. The wound had healed readily, but broken out again spontaneously four weeks after healing. The epitrochlear gland of the left arm was still markedly enlarged at the time when the patient was seen; that of the other arm was normal. It was proven that the man who inflicted the bite had a syphilitic sore of the mouth.—*Monthly Ab. Med. Science.*

PURULENT OPHTHALMIA OF INFANTS.—Dr. Luton, of Rheims, states that the tincture of iodine in distilled cherry-laurel water is a far more efficacious and innocuous means of treatment than the nitrate of silver. One gramme of the tincture may be added to twenty grammes of the water of medium strength, (20°,) and produces a collyrium the color of pale brandy. Some of this should be dropped into the eye four or five times a day, external lotions being also abundantly employed. It has proved rapidly successful at the Hotel-Dieu of Rheims.—*Revue Med.*

OPENING THE ABDOMEN TO RELIEVE INTESTINAL OBSTRUCTION.—In a discussion on this subject, Mr. Teale, an eminent London surgeon, said: "I must confess to having myself a strong bearing toward the operation, on the grounds both of theory and experience. I have six times opened the abdomen in apparently hopeless cases of obstruction of the bowels, and I do not consider that in any one of them the chance of recovery was taken away by the operation. The operation is justified on two cardinal grounds: 1, that the simple opening of the peritoneal cavity, in order to search for the cause of obstruction, is not of itself a dangerous operation; 2, that there are many cases of obstruction of the bowels which must prove fatal, unless relief can be given, which can only be rightly directed by means of exploration of the abdominal cavity. As to the harmlessness of opening the peritoneal cavity, I need hardly remind you how constantly this is done in operations for hernia."—*Med. and Surg. Rep.*

JABORANDI IN THE ALBUMINURIA OF PREGNANCY.—Dr. Langlet, of Rheims, in the *Union Médicale et Scientifique de Nord-Est*, reports the case of a woman in the third month of pregnancy who for six weeks had suffered from œdema of the legs, great oppression, cephalalgia, vomitings, etc. The urine was very scanty and loaded with albumen, and was uninfluenced by the usual diuretics. From the first day after the administration of jaborandi there were salivation, very little perspiration, but, as a counterbalance, an increase in the quantity of urine voided, which continued for some subsequent days. The patient took jaborandi for sixteen days, and during that time the œdema was re-absorbed, the albumen decreased, the general symptoms improved, and there was eventually a favorable delivery, with a healthy child.—*New Preparations.*

ERGOTINE IN HÆMOPYSIS.—The sovereign remedy against hæmoptysis is ergotine, says a foreign physician, which, as is well known, excites the vaso-constrictors. A solution in glycerine (1:10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the patient is much excited, or has much cough, the author is accustomed to precede the ergotine injection with one of morphia, or to give them both at once but in different places. In this way, the patient becoming quiet in mind and body, the ergotine has a better chance to act.—*Med. and Surg. Rep.*

CHRONIC ULCERS—IODOFORM.—Iodoform is readily obtained by adding an alcoholic solution of potash to tincture of iodine, and crystallizes as a yellow lustrous coarse-grained powder of a peculiar pungent penetrating odor. Ulcers that have remained open for years, and on the treatment of which much care and skill have been expended, often close in a few weeks under its influence; but the same caution must be repeated as in the case of venereal sores. It will only irritate the actively inflamed wound. It is the indolent ulcer, from whatever cause it may arise, whether from varicose veins, malnutrition, syphilis, or injury, that is especially benefitted by iodoform. Repeatedly, under its use, I have seen a surface, glazed or œdematous, rapidly take on healthy action, granulate and heal, and this where other measures have been tried for months, or even longer, without effect. Often, too, the pain that so frequently accompanies these ulcerative processes ceases after iodoform has been applied for a few hours. As to its mode of application. If used as a powder, iodoform should be dusted on the ulcerated surface, and a piece of dry lint, or lint soaked in a weak solution of carbolic acid, may be laid over it, and this process repeated night and morning. Undiluted, I have often found it apt to produce irritation and pain, and therefore generally prescribe it mixed with equal parts of either Fuller's earth or tannin. As a parasiticide, I have used it as an ointment with about twenty grains to an ounce of lard, and have directed it to be applied twice daily. Such an ointment spread on lint is a convenient mode of application to a wound or ulcer, and its employment in this form prevents the risk of dropping this disagreeably smelling drug on the patient's clothes, &c. If an ointment of the strength named cause inflammation or pain it may be diluted. I am also in the habit of ordering iodoform in combination with a salt of mercury, &c., with satisfactory results. So also it may most conveniently and easily be applied by painting the part with its solution in alcohol, chloroform, or ether.—*Dr. W. Cottle, Braith, Ret., No. 77.*

LATERAL AND POSTERIOR SPINAL SCLEROSIS.—*Dr. Julius Althaus (British Medical Association)* introduced his subject with some propositions on the nature and peculiarities of all the different varieties of primary and secondary sclerosis of the cord. He then traced the anatomical features of ataxy and spasmodic spinal paralysis, and analyzed the various symptoms met with in these diseases, with constant reference to the functions of the different portions of the cord in health. In this way, the disorders of motion, sensa-

tion, reflex excitability—more especially with regard to tendinous reflection, which was absent in ataxy and increased in lateral sclerosis—the state of the vaso-motor and trophic nerves, and of the bladder, rectum, and generative organs, were gone into. The peculiar course of both diseases was then described and their causes ascertained. The paper wound up with a full discussion of the prognosis and treatment of these affections.

Dr. Balthazar Foster had seen one case cured by large doses of ergot, and certain cases fairly advanced by anti-syphilitic remedies. He believed the continuous current did good, and that rest was a very valuable adjunct to treatment.

The author stated that he looked upon nitrate of silver and ergot as specifics when used early in the disease. He would give the former up to one hundred and twenty grains, watching for albumen during its use; of the latter, a drachm of the liquid extract, three times daily, for six or eight months. Faradisation, with salt baths and douches, were also useful. So also was damiana, a Mexican plant, which appeared to act specifically on the lumbar part of the cord, and was useful in vesical catarrh and sexual debility. Salicylate of soda in twenty-grain doses was useful to relieve pain and catarrh of the bladder. He recommended the same treatment for lateral sclerosis, and also the extract of Calabar bean.—*Med. and Surg. Reporter*.

DYSPEPSIA AND NON-ASSIMILATION.—Pepsin is unquestionably a valuable remedy in some cases of indigestion, but does not seem to meet all the requirements of many dyspeptic cases. *Lactopeptine* is presented to the profession as meeting all the indications in cases of mal-nutrition and non-assimilation, composed, according to the formula, of ptyalin, pepsin, pancreatine, hydrochloric and lactic acids. It is claimed to be a combination of all the digestive agents. If we can prescribe chemically for disorder of the digestive function, such a combination would appear worthy of trial, and experience has demonstrated its value in many cases. Dr. Merritt remarks: "The more my experience in its varied applicability extends, the more its beneficial effects appear."—*Buffalo Med. and Surg. Jour.*

VOMITING OF PREGNANCY is relieved by M. Lubelsky by spraying ether over the epigastric region and the corresponding portion of the spinal column. It should be continued from three to five minutes and repeated every three hours. He declares the relief to be almost immediate.—*Toledo Med. and Surg. Journal*.

VENESECTON AS AN ANTI-HEMORRHAGIC.—Professor Chauffard is of opinion that at the present time venesection is too much neglected, and especially in cases where it is desirable to open up another channel for blood which tends to become effused at the surface of an organ. He pointed out a case of hæmoptysis at the Neckar, occurring in a robust young man who was almost plethoric, a stone-cutter by trade, and, therefore, of an occupation dangerous to the pulmonary organs. A very abundant hæmoptysis had appeared suddenly three days before his admission, and still continued. Professor Chauffard, having ascertained that no serious lesion existed, ordered venesection to the extent of five hundred grammes, and the cure was immediate and complete. This is the reverse of what is met with when a normal hemorrhage which is suppressed gives rise to another in its place. It is not only an accidental hemorrhage which may thus be arrested, but also the hemorrhagic molimen, when it becomes dangerous. Thus one of the most important applications of venesection in practice is for the prevention of catamenial congestions persisting after impregnation and leading to the detachment of the germ, a cause of sterility which is frequently misunderstood. A case in point is that of a lady who, during a period of ten years, repaired to every resort reputed as useful for the prevention of sterility. She was a stout and plethoric person, with very abundant menstruation, which appeared at regular periods. In neither herself nor in her husband was there any cause preventative of impregnation. This had probably taken place, but had been rendered invalid by reason of the abundant periodical discharge which had continued. The day before the expected period a small quantity of blood was taken, and then again the next day; and at the end of nine months the lady had her first child, which was followed by others. This cause of sterility, especially in persons of generous blood, is by no means rare.—*Med. and Surg. Rep.*

OPIUM HABIT—NITRITE OF AMYL.—Dr. Lyman tried, with success, nitrite of amyl in a case of the opium habit, where, after two or three nights of complete wakefulness, consequent on breaking off the habit, a nervous irritation had ensued, most distressing to the patient and the friends. He had caused the patient to inhale the nitrite directly from the vial; two or three whiffs had been sufficient to bring on the therapeutical effects, which were followed by refreshing sleep. The flushing of the face had been the criterion for ceasing the use of the drug in this case.—*Boston Med. and Surg. Jour.*

ACUTE NEPHRITIS.—Oct. 25th, 1878. J. H., aged 29, nativity, Ireland. Three weeks ago, after exposure to cold while washing, she was taken with a rigor, which was followed by fever, severe pain in region of the kidneys and violent emesis. Patient had an almost constant desire to urinate, but was unable to pass more than a few drops at a time. When admitted to Long Island College Hospital her face and limbs were badly swollen (œdematous,) urine small in quantity, light in color, sp. gr. 1.009. Upon the addition of heat and nitric acid one-half its bulk coagulated. Microscopical examination showed a large quantity of epithelium from the tubules and urinary passages, as well as epithelial and blood casts. Upon physical examination of lungs numerous very fine moist râles were found, showing some œdema of lungs; she also complained of pain in the chest. At 7 p. m., she was given fifteen minims fluid extract jaborandi, to be repeated every hour until she should perspire. Soon after second dose she began to perspire, which soon became very profuse; at the same time the saliva escaped from the mouth almost continuously; this continued for some hours. Oct. 26th, patient feels a great deal better; no râles or pain in the chest. Repeated the same treatment this evening, with like result; also used dry cups over kidneys and lungs. Examined urine; found it light in color, sp. gr. 1.012, albumen about one-fourth its bulk. She was put upon R. tr. digitalis, ʒij, sol. potassæ citratis, ʒij, infusi buchu, q. s., ad ʒiv. M. Sig. Take two drachms every two hours. Nov. 4th. Rapidly improving. Œdema has entirely disappeared.—*Med. and Surg. Rep.*

SULPHO-THYMATE OF SODA AND QUINIA.—A therapeutical study of these substances has been published by Dr. V. Cozzolino, in the *Giornale delle Scienze Med.*, of Naples. Thymic acid has been advantageously employed locally in diphtheria, and is superior to carbolic acid for this purpose, as it is much more agreeable to the patient, and does not produce nausea. For ozæna Dr. Cozzolino considers it the best article he has tried; he uses an emulsion with gum arabic, one part of the acid to one thousand of emulsion, and injects the nostrils. Combined with unguentum petrolei, or dissolved in alcohol and glycerine, he applies it in favus, tinea, herpes, pityriasis, etc. In gastric catarrh from ferment, putrid diarrhœas, intestinal mycosis, and the like, he gives it internally with excellent results. He also praises the sulpho-thymate of quinia as an efficient antiperiodic.—*Med. and Surg. Rep.*

ERGOTINE IN ACUTE OPHTHALMIA.—Dr. Planat, of Nice, has found ergotine act with efficacy and promptitude in proportion as oculo-palpebral phlegmasiæ are simply inflammatory. In blepharo-conjunctivitis the improvement is first observed in the conjunctiva; and in keratitis, although still very active, it is a degree less so than in the more superficial affections. It is also of great service in iritis, rapidly subduing the acute manifestations and preventing their extension to the external membranes of the eye. When these last are the seat of a chronic fluxion dependent on a scrofulous or dartsous diathesis, ergotine, without influencing the constitutional affection, acts none the less efficiently on the inflammatory element—a fact of importance, as by generally preserving the eye from plastic deposits, corneal ulcers, and consecutive staphylomas, it allows of the treatment for the diathesis being more promptly put into force. The formula which Dr. Planat recommends is from one to one-and-a-half gramme of ergotine in twenty of glycerine or rose water, of which from eight to ten drops are to be inserted in the eye every two hours. Where there is violent inflammation of the eyelids or distention of the conjunctiva, a rag wetted in this mixture should be left on the parts for some hours. In general, two or three days suffice for the subdual of the most intense blepharo-conjunctivitis. Dr. Planat has employed the ergotine in this way, with invariable success, for several years past.—*Jour. de Thérap.*

ENLARGED PROSTATE—FL. EXT. ERGOT.—It has been found desirable in dispensary practice to adopt a method of treatment for enlarged prostate, obviating the use of any instrument, as the patients are usually unable to buy one. Dr. Satterthwaite tried the effect of the fluid-extract of ergot in large doses for those cases, and was tempted to do so by the success obtained from it, in treating a case of simple incontinence without enlarged prostate. The treatment proved successful, and is now a standard one in the surgical department of the N. Y. Dispensary. The fluid-extract of ergot is given in teaspoonful doses, to be taken three times a day.—*N. Y. Med. Jour.*

ANILINE POISON.—A case of poisoning by aniline is reported from Coburg. A woman had injured her skin and allowed her colored stocking to remain in contact with the wound. Symptoms of blood-poisoning soon appeared, and the patient died ten days after the injury. In the opinion of the medical attendants the symptoms were due to the absorption of the aniline with which the stocking was colored.—*Med. Examiner.*

YELLOW FEVER—AUTOPSIES.—General autopsies made at the dissecting-rooms of the city hospital, Memphis, during the epidemic of 1878, by Dr. T. O. Somers, Jr., of Nashville, assisted by Dr. Chevis, of Savannah, show that:

The stomach presents nothing abnormal either in its structure or its relations.

The liver is of the peculiar box-wood color. The portal circle is congested, the blood thick, non-coagulable and denuded of all its albumen, is dammed back upon the walls of the intestines, while the coloring matter of the bile is exuded throughout the whole abdominal cavity.

The spleen is the organ which seems to be most affected. It is enormously hypertrophied, being often eight inches long and five wide, the hilum being filled with biliverdine.

The kidneys are greatly congested, the tubules being filled with albuminous tube-casts so as to utterly prevent any secretion of urine.

At the base of the brain the lesions are extensive, the center of origin of the pneumogastric nerve being most affected. The choroid plexus is congested, but the centers of motion and sensation and the parts in the floor of the fourth ventricle are unaffected.

The gall-bladder is filled with a stringy substance, in no respect resembling bile, but on analysis exhibiting, under Pettenkofer's test, the presence of the biliary salts.

There is great venous congestion throughout the whole organism.
—*Toledo Med. and Surg. Jour.*

GYNECOLOGY IN LUNATIC ASYLUMS.—Dr. Seguin remarks: "By peripheral irritation I mean not only a nervous disturbance elsewhere in the brain, but an irritation of any of the organs. Dr. Storer has written a small work on the influence of uterine diseases over mental troubles, and has shed considerable light on the subject. I have no doubt that to-day a large number of female patients in asylums need a specialist and many could be cured by the replacement of a uterine version, or the curing of a uterine inflammation. Superintendents of asylums, as a rule, are incapable of attending properly to these maladies, and they have an aversion to calling in an outsider. Some have a great repugnance to such cases, for fear of being accused of assault. For very many reasons every asylum should have consulting physicians and surgeons. Dr. Storer cites case after case, showing a cause of insanity to be done to some uterine difficulty, and European statistical reports point the same way.—*Hosp. Gaz., N. Y.*

CIRCUMCISION BY THE GALVANIC CAUTERY.—Dr. Bona relates the following cases in No. 20 of *l'Indépendante* for 1877: A boy, aged 6, had a tumor of the size of nut, formed of the gland and prepuce, which had undergone degeneration, and were fused into a single body. Dr. Bona diagnosed lardaceous degeneration of the prepuce, with adherence to the glans—the result of a foul ulcer of several months' standing. With the galvanic cautery a clear section was made compressing almost the whole of the changed prepuce without the loss of a drop of blood, and with but little pain. Water dressing was subsequently applied; there was no constitutional reaction, and the patient was soon well. In the second case, a child, aged 7, had oedematous phimosis and urethral fistulæ at the base of his penis, in consequence of two of his companions having tightly tied a stout hempen thread round the organ. In consequence of the obstruction presented by the phimosis to the passage of a catheter, which was necessary for the treatment of the fistulæ, Dr. Bona performed circumcision by the galvanic cautery, with but little pain, and with no hemorrhage, removing more than a centimetre (0.4 inch) of the prepuce.—*Monthly Abst. Med. Science.*

EPITHELIOMA, EROSIONS, ETC—NITRATE OF LEAD.—The late Dr. Madison Marsh, of Louisiana, a few years ago urged upon the profession the very great value of the nitrate of lead in many skin affections and superficial erosions. Some recent observations of an Italian physician, Dr. Galletti, add further evidence on this point. This writer states that he has recently effected a cure in three cases of epithelioma, in one of which the part affected was the nose, in a second the cheek, and the third the sternum. The mode in which he applied the remedy was by dusting the powder over the affected part, and recovery took place when this had been done about four times. Two obstinate ulcers of the foot, which had proved rebellious to other methods, quickly recovered under the same treatment. Dr. Vanzetti has recently recommended the use of the nitrate of lead in onychia maligna.—*N. C. Med. Jour.*

COUGH MIXTURE.—In any severe cough, where the tongue is red or the throat sore, the following is recommended by Dr. Powell, of London: R. Potassii chloratis, gr. xl; morph. muriatis, grs. ij; glycerinæ, ʒss; syrapi, ʒijss. M. S. To be taken undiluted and slowly for both its local and constitutional effect. Dose, one teaspoonful three or four times a day.—*Br. Med. Jour.*

WARTS FOR SKIN GRAFTING.—Dr. Ch. A. Seale points out a new use for the unsightly cutaneous excrescence of warts. He says they can be employed with better results than small pieces of normal skin in grafting in consequence of being easily separated uninjured into numerous cylindrical rods of great vascularity, and containing a large proportion of hypertrophied epithelium, which, when planted in healthy, granulated tissue, readily adapt themselves to the new soil, receiving direct nourishment, and quickly growing as starting points for a new and smooth epithelial covering.

In one case in which there had been complete destruction of all the skin on the dorsum of the foot, involving to a great extent the deep cellular tissue, and where for several weeks no healing advanced, grafts of freshly removed warts from the patient's hand immediately started little islands of new tissue, which rapidly increased until they coalesced and met the margins of the border skin, thereby completely covering the foot by a firm, protecting integument.—*Med. Record.*

JABORANDI IN PUERPERAL CONVULSIONS.—Dr. H. B. White reports a case of puerperal eclampsia treated by jaborandi. The patient was a primipara who had arrived at full term. She was highly anasarcaous prior to delivery, and the urine very scant. Jaborandi was given in the form of infusion, one drachm of the leaves being used and divided into three doses at short intervals. After the first dose profuse sweating and salivation ensued, tending to diminish the anasarca, especially the swelling about the vulva. The patient had three convulsions prior to and several others at briefer intervals after delivery. The jaborandi was continued for three days, during which time the patient was "literally drenched" in perspiration. The result was that complete recovery ensued.—*Proc. Kings Co. Med. Soc., N. Y.*

CHLORAL AS A COUNTER-IRRITANT.—Among the many uses to which chloral has been put, we have not met before with the following from the *Bulletin Thérapeutique*: "Made into a mass with gum tragacanth, spread on paper and applied to the skin, it will produce a blister without pain. Applied as a powder, on cotton, it causes a painful burning sensation. By the former method, a portion is absorbed and the patient falls asleep. Its action is not so uniform as cantharides, but as a mild vesicant, or an agreeable revulsive, the writer would recommend such 'chloral paper' to physicians, the more so as it will keep for months without losing its activity, if well prepared."—*Druggists' Cir.*

NERVOUS VOMITING—ELECTRICITY.—Dr. Semmola, of Italy, gives the results of observations made during several years on the diagnosis and treatment of nervous vomiting. He finds that electricity in the form of the constant current is the most effective remedy. Soon after the first application, the patients can retain food, although for many weeks previously they had always rejected it. He believes, also, that the constant current is not only a sure remedy, but also a valuable means of diagnosis in all cases of chronic vomiting. If the elements of diagnosis be not sufficient to determine whether the vomiting is dependent on some morbid process in the stomach itself, or on reflex action, (as from worms or chronic uterine disease,) the application of the current at once settles the question. In cases where the vomiting is not exclusively and primarily nervous, its application fails in enabling the stomach to tolerate food.—*Monthly Ab. Med. Science.*

CARCINOMA—ACETIC ACID INJECTIONS.—Acetic acid, used subcutaneously, in cancer, has been revived of late by Dr. T. Gies, who states that he effected marked improvement in a case of cancer seated on the ramus of the lower jaw, which had returned after operation, and had attained the size of a fowl's egg, by the injection of acetic acid in the proportion of one part of the acid to three of water. The tumor speedily underwent reduction of size, and was ultimately no larger than a hazel nut. The same patient had a second tumor, of the size of an egg, beneath the ear, which almost entirely disappeared in the course of twenty-one days, after twenty-five injections of strong acetic acid. In a woman, again, who had a carcinoma of the size of a pigeon's egg, in the left mammary gland, ten injections effected its removal, in great part, in the course of a month, reducing it to the size of a hazel nut.—*Zeit fur Chirurg.*

OBESITY—TREATMENT BY ARSENIC.—Dr. Whittaker states that he has employed arsenic with success in the treatment of four cases of obesity. One case was so severe that the patient fainted on the slightest movement; he had gained forty pounds in three months. He had no valvular lesions and had never had rheumatism. After the failure of all other methods of treatment, he was put on five drops of Fowler's solution three times a day. In two months he was restored to health, could walk well, and had lost much of his *embonpoint*. In the three other cases, two of which were complicated with asthma, the effect was also decisive but less rapid.—*Cin. Lancet.*

APOPLEXY AND EMBOLISM.—Dr. Groedel concludes that, in cases of true apoplexy, especially those occurring in consequence of atheromatous arteries, the use of the warm saline baths is inadmissible, since they tend only to increase the blood-pressure on the weakened arterial walls. On the other hand, these baths can only be useful in cases of cerebral embolism, with consequent paralysis. For, by the increased action of the heart, the blood-current is hastened, and thus the formation of coagula and deposit is prevented, since this can only occur in a sluggish flow of blood. Moreover, when a part of the cerebral substance has its supply of blood cut off by an embolic clot, and so becomes atrophied, an increase of blood-pressure may yet restore it. Nutrition through a collateral circulation, and a removal of the loss of power, etc., result.—*London Med. Record.*

CEREBRAL APOPLEXY—HYPODERMIC OF ERGOTINE.—Dr. N. S. Foster observes that the utility of the subcutaneous injection for the exhibition of the active principle of ergot, on account of the rapidity and comparative certainty of its action, has been most successfully demonstrated in cases of post-partum hemorrhage. From the explanation given of its inducing contraction of the smaller arteries, and from the facility of its administration, and specially in cases where swallowing was very difficult, he was led to use it in cases of cerebral apoplexy, and also of hæmoptysis. He records two cases, in each of which the patient was attacked with symptoms characteristic of an apoplectic lesion, the coma gradually deepening. On the injection of ergotine in the arm the comatose state became stationary, and the grave symptoms rapidly passed off.—*Lancet.*

FEMALE LUNATICS—CAMPHOR AS A NARCOTIC.—Dr. Eugene Wittich, of Berlin, states that camphor is an excellent remedy for the sleeplessness of a certain class of female lunatics with melancholia, accompanied by extreme anxiety, hallucinations of a terrible nature, and a state of general nutrition. The ordinary drugs, such as chloral, morphia, and bromide of potassium, as well as various kinds of baths, all fail to induce sleep, whereas after the subcutaneous injection of 0.1 gramme camphor, the patient quickly becomes drowsy, and soon goes off into a sleep of several hours' duration. The camphor is dissolved in sweet almond oil (1.0 in 10.0 grammes) and the injection is less painful than one of morphia. The canula must be rather wide, otherwise the oil does not flow readily. Abscesses never occur, even though the injections are often repeated.—*Med. Times and Gazette.*

EUCALYPTUS IN MALARIAL DISORDERS.—Dr. Dow, of London, contributes the following experience with this remedy: My patient was a gentleman who had lived many years in India and China, and during his residence abroad had had seven attacks of ague. Recently he experienced a return of his old symptoms, and took quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the eucalyptus. The effect was at once marked, and speedily all his intermittent symptoms left him. The remedy is pleasant to take, and the dose I have prescribed is ten minims of the tincture.—*London Lancet*.

SALICYLIC ACID ERUPTION.—Among other unpleasant consequences of the use of salicylic acid in some constitutions, is an eruption of an urticarial character. Dr. F. Frudenberg describes a case where the whole back of the patient was covered with ecchymotic patches, which extended to the sides and chest. The acid was discontinued and the eruption slowly dissappeared, and was quite gone by the sixth day. The acid was then resumed, and again the eruption broke out, so that the medicine had to be definitely renounced. The patient was anæmic, which may explain the hemorrhagic appearance of the spots.—*Ber. Med. Woch*, 42, 1878.

HYDROPHOBIA CURED BY OXYGEN.—This case is reported by Drs. Schmidt and Zebeden, Russia. The first symptoms of rabies appeared seventeen days after the injury. The patient was made to inhale three cubic feet of oxygen, and two hours afterwards he was in a state of perfect calm. Two days afterwards the symptoms of rabies reappeared, and another inhalation of oxygen was administered with the same success. This time the inhalation was continued for forty-five minutes. A slight dyspnoea, which persisted after the disappearance of the graver symptoms, was treated for three weeks by the monobromide of camphor.—*Lyon Medical*.

HOW TO USE CHLOROFORM.—Death from chloroform need never occur, according to the doctrine of Syme, Lister, and Hughes, if this simple rule be observed: "Never mind the pulse, never mind the heart, leave the pupil to itself. Keep your eye on the breathing; and if it becomes embarrassed to a grave extent, take an artery-forceps and pull the tongue well out." Syme never lost a case from chloroform, although he gave it five thousand times; this simple rule enabled him (so he thought) to make this excellent record.—*Lancet*.

INCISION IN DYSMENORRHOEA.—Dr. Fordyce Barker, at the late meeting of the American Gynecological Society, remarked that this operation had been performed unnecessarily and injudiciously. He was cognizant of sixteen deaths which had followed this method of treatment in the hands of skillful surgeons. He had himself seen over a hundred cases in which no relief had followed this operation. Dr. T. Addis Emmet said, he believed firmly that mechanical dysmenorrhœ was a myth. Where such an operation is contemplated, he urged strongly the searching for the results of a previous cellulitis.—*Toledo Medical and Surgical Journal.*

MYDRIATIC PROPERTIES OF DUBOISIA MYOPOROIDES.—The Duboisia is a shrub growing plentifully in Eastern Australia. An extract of the plant had been observed to dilate the pupil freely, when applied to the eye. Dr. Ringer reports that "the physiological action of the extract of duboisia is apparently identical with that of atropia. The same remark applies to the effects of the local application to the eye. If there be any difference, it is that duboisia is more prompt and energetic than atropia, and certainly very much more so than the strongest extract of belladonna."—*Dr. Sydney Ringer, "Braith Ret. No. 77."*

HICCUGH—PILOCARPINE.—Dr. Ortille, of Lille, in a letter published in the *Bulletin de Therapeutique*, declares that in a case of obstinate hiccough in a man 65 years of age, who had been suffering for some years from the consequences of cerebral thrombosis, vertigo, scintillations, transient hemiplegia, vomiting, and lastly, persistent hiccough, he conceived the idea of injecting $2\frac{1}{2}$ centigrams (3-8ths grain) of chlorhydrat of pilocarpine, and that a quarter of an hour after the injection, the hiccough had disappeared not to return again. The patient was covered with sweat, and salivation was set up.—*Can. Jour. Med. Science.*

FORMULA OF SALICYLIC ACID.—Dr. Bontecou, of Troy, N. Y., recommends the following form for administration of salicylic acid. He has used it for two years and is pleased with it: *R.* Acidi salicylici, ʒiij; potassæ acetatis; glycerinæ; spts. etheris nitrosi, aa ʒj. *M.* One teaspoonful represents 11.25 grains of the salicylic acid and half a drachm of the potassa, which may be given to an adult with acute rheumatism every two, three, or four hours, diluted in water.—*Med. and Surg. Rep.*

PUERPERAL CONVULSIONS.—Dr. Denham, in some sensible remarks on this subject before the Dublin Obstetrical Society, says, the varied causes indicating puerperal convulsions should never be forgotten ; thus, a plethoric woman, with rapid pulse, flushed face, constipated bowels, should not be treated in the beginning with chloral. A good dash of blood from the patient's arm, together with free purgation, besides filling an obvious indication, prepares the way for anesthesia, by chloral or chloroform. He believed that chloral injected acted much more rapidly than when given by the mouth.—*Toledo Med. and Surg. Jour.*

EXPULSION OF A FOREIGN BODY FROM THE ESOPHAGUS BY MEANS OF APO-MORPHINE.—M. Veiger reports the case of a child who swallowed a prune-pit that stuck fast in the esophagus. Ipecac was administered, but did not produce emesis. As the proper instruments for the removal of the foreign body were not at hand, two subcutaneous injections of apomorphine, altogether 1-27 gr., were administered. Vomiting soon set in, and the pit was expelled. The child presented subsequently no unfavorable symptoms.—*Lyon Medicale.*

TATTOOED MARKS ON THE SKIN.—A question sometimes arises, in cases of personal identity, whether these marks ever disappear. Prof. Reese states, in his lectures on Medical Jurisprudence, that they do not once in a hundred cases or more. The black color, made with gunpowder, is the most durable; blue, done with India ink, next; the red of vermilion is soonest to disappear. If they have disappeared from the arm, the coloring matter may be found in the axillary glands.—*Med. and Surg. Rep.*

DELAYED LIGATURE OF THE FUNIS.—Dr. Budin, (*Gaz. des Hop.*), while *interne* at the Maternité, came to the conclusion from his investigations that it is better not to tie the funis till one or two minutes after the complete cessation of the pulsation. He thinks that in normal cases rapid ligature of the cord should be entirely rejected, this operation not being performed till some instants after respiration has been completely established.—*Canada Lancet.*

NERVINE AND ANTI-SPASMODIC.—A favorite prescription in the Hospital of Chest Disease, London, is the following, useful in epilepsy, chorea, dysmenorrhea, hysteria epileptica, and like nervous conditions: R. Potassi bromidi, gr. x ; tinct. conii, gtt. xxx ; tinct. val. ammon., gtt. xx ; aquæ camph., ʒj.—*Lancet.*

DANGERS OF INFLAMMABLE VOLATILE LIQUIDS.—At Lyons, France, a young lady was about to undergo an operation requiring actual cautery. Anæsthesia was produced by ether, the vapor of which became ignited by the hot iron. The patient was badly burned about the face and mutilated for life. The *Lancet* argues that where thermo-cautery is used, chloroform should be employed rather than ether. Care should be taken even in the application of collodion near a naked flame. * * The galvano-cautery is frequently used while etherization is going on—whether safely or not remains to be demonstrated.—*Southern Med. Record.*

ALCOHOL AS A LOCAL APPLICATION IN SCALP WOUNDS.—Prof. Gosselin, *Gazette des Hôpitaux*, states that his clinical experience proves that the local application of pure alcohol in contused superficial wounds of the scalp promotes rapid healing. Such wounds treated by pure alcohol have less tendency to supperation, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.—*Boston Med. and Surg. Jour.*

ALTERATIVE PILL.—Dr. Q. C. Smith, of Sonoma County, sends the following formula: R. Hypophosphite of quinia, gr. xvj; iodide of arsenic, gr. j; sulphide of lime, gr. xvj; ext. of nux vomica, gr. ij. M. f pil. xvj. To be sugar-coated. One pill to be taken three times a day, just after meals. He has found this prescription very efficient in the earliest stages of consumption, and also in certain cutaneous affections, and to correct the furuncular diathesis.—*Pacific Med. and Surg. Jour.*

QUININE AS AN OXYTOCIC.—M. Porak has found that this salt passes slowly through the placenta, since it is constantly found in the urine of new born children when it is given to the mother an hour and a half before delivery. It appears to exercise an injurious influence on new born children, as shown by the icterus, and notable wasting following the birth; therefore, this medicine should not be used as an oxytocic.—*Maryland Med. Jour.*

COFFEE AS AN ANTIDOTE TO STRYCHNIA.—Dr. Attilio Lelli, having met with a case in which a large dose of strychnia was administered in coffee without fatal consequences, was led to institute some experiments upon rabbits, and found that coffee either acts as a complete antidote in preventing the poisonous effects of the strychnia, or that it materially diminishes the violence of its action.—*Lancet.*

OVARIAN DYSPEPSIA.—Dr. Milner Fothergill describes a form of dyspepsia combined with leucorrhœa, and commonly too with menorrhagia, which depended upon morbid conditions of one or both ovaries. Experiment has shown that irritation of the sympathetic nerves of the stomach produces contraction of the gastric arterioles and defective secretion of gastric juice. In aggravated cases there was vomiting of a reflex character, as seen in the early months of pregnancy and in calculus of the kidney. This form of dyspepsia was very intractable, unless its casual relationship were remembered and borne in mind in the treatment. Blisters over the ovary with bromide of potassium, and sulphate of magnesia internally, were more effective than bismuth and hydrocyanic acid.—*Med. Ex., Lond.*

HYPODERMIC INJECTION OF SALICYLIC ACID IN ERYSIPELAS.—Professor Ferdinand Peterson, of Kiel, in a communication to the *Med. Wochen*, states that he has thrice arrested the progress of erysipelas by injecting a concentrated solution of salicylic acid under the healthy skin surrounding the diseased part. Several such injections were made simultaneously in each of the cases. He does not, however, positively assert that the good effect was simply owing to the operation.—[*Lancet*.

STRYCHNIA POISONING.—J. W. Holland, M. D., reports a case of strychnia poisoning, in which the subject took five grains in four ounces of whiskey; had clonic spasms of muscles generally, loss of volitional power over limbs, and pulse of 120. A mustard emetic emptied the stomach, and he was given bromide of potassium and chloral, was liberally chloroformed, and ultimately recovered.—*Louisville Med. News*.

VULVAR PRURITUS.—M. Marius Key recommends the glycerole of cade as a local application in the treatment of pruritus of the vulva. The formula he employs is one drachm of oil of cade to half an ounce of glycerole of starch. In combination with it he uses tonics, hip-baths and emolient injections, to which laudanum is freely added. He has only tried this treatment in one really rebellious case, but that time with success.—*Gaz. Med. de Paris*.

IMPERVIOUS RUBBER TUBING.—India-rubber tubing can be made entirely impassable to coal gas by painting it over with a solution of sodium silicate.—*O. Med. Rec.*

HERNIA—LOBELIA INJECTIONS.—S. Stevenson, M. D., New Bedford, Pa., relates cases of scrotal hernia which he succeeded in reducing, after other means had failed, by use of injections, pr. rectum, of enemas in the proportion of one ounce tinct. lobelia to one quart of water, firm pressure over the tumor, pushing it towards the inguinal ring, being maintained during the flow of the enema from the bowel.—*Med. and Surg. Rep.*

DIAGNOSIS OF ALCOHOLIC COMA.—The following point in the differential diagnosis of alcoholic insensibility and coma has been laid down: An insensible person, who being left alone from ten to thirty minutes, has contracted pupils, which dilate on his being shaken, without any return of consciousness, and then contract again, can be laboring under nothing else than the effects of alcohol.—*Lancet.*

VERATRUM VIRIDE HYPODERMICALLY IN PUERPERAL ECLAMPSIA.—Puerperal eclampsia has been successfully treated in four cases by veratrum viride, administered hypodermically, by Dr. G. W. Griggs. The dose used was from two to four drops of the tincture, administered as often as necessary to keep the pulse down to sixty.—*Southern Clinic.*

FATTY TUMORS—Diagnosis.—The diagnosis of fatty tumors is not at all times easy, but a method has been suggested of solving the difficulty, which consists in applying ether or ice to the part, in the case of a doubtful tumor. If the growth is felt to become harder, the presumption is that the tumor is fatty.—*Mr. Francis Mason in Lancet; "Braith Ret. No. 77."*

CHLOROFORM NARCOSIS.—Wachsmuth, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it twenty per cent. of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of chloroform narcosis—pulmonary paralysis.—*Louisville Med. News.*

REMOVAL OF MOLES.—The acid nitrate of mercury is recommended as effectual for the removal of moles. It should be applied with a splinter of wood in small quantity for a few seconds, carefully avoiding the sound skin. There is no pain of consequence, and the mole shrivels away and drops off in a few days.—*O. Med. Record.*

LOTION FOR SORE NIPPLES.—R. Powdered borax, 3 ij; powdered chalk, 3 i; spirits of wine, 3 ij; water, 3 ij. Mix.—*Practitioner.*

CHLORAL HYDRATE LOCALLY APPLIED IN TETANUS.—Dr. Bigelow reports in the *Practitioner* a case of tetanus, caused by a rusty nail penetrating the foot, which was relieved in less than twenty minutes by introducing chloral hydrat. 3i, into the wound after it had been enlarged by incision.—*Ohio Med. Rec.*

CHRONIC DIARRHOEA.—Dr. Hand states that the most successful treatment in obstinate cases, in the hospital of the Illinois State Penitentiary, for two or three years, has been the following: R. Soda bicarbonate two grains, zinc oxide eight grains. M. Sig. One powder three or four times a day.—*Med. Brief.*

ERGOT IN TRICHINOSIS.—Dr. Rhode, in the Berlin *Klin, Wochenschrift*, states that he accidentally discovered that the free administration of ergot, especially of ergotin, hypodermically, is a speedy and positive curative agent in trichinosis. In one case eight grammes of ergotin effected a rapid cure.—*Ohio Med. Record.*

DENTAL ANÆSTHETIC.—The best local anæsthetic for dental operations is said to be the extract of eucalyptus. Apply one drop on cotton to the sensitive dentine just before excavating.—*Boston Med. and Surg. Jour.*

ENLARGED SPLEEN.—Iodia has been recently given by the editor of this journal with the best effect in the treatment of enlarged spleen following an attack of acute splenitis of malarial origin.—*St. Louis Cli. Record.*

PERMANENT CURE FOR COSTIVENESS.—R. Sodæ sulphatis, gr. xx.; Ac. nitro-muriat, gtts. v. Water, sufficient to dilute. Take one hour before breakfast.—*Medical Brief.*

NATIONAL Medical Review.

WALTER S. WELLS, M. D.

Editor.

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{ Pulv. Ziagb. Jam., 1 gr. }	Ferri et Quina Citrat. et Strychnin.	Podophyllin Comp.
Alum et Myrrhin, U. S. P.	{ Ferri et Quina Citrat., 2 grs. }	{ Podophyllin, 1-3 gr. }
Alum et Nucis Vomica.	{ Strychnin Citrat., 1-50 gr. }	{ Ext. Hyocyan., 1-8 gr. }
{ Pulv. Aloes Socot., 1-12 grs. }	Ferri, Quina et Strychnin.	{ Ext. Nucis Vomica, 1-16 gr. }
{ Ext. Nucis Vom., 1-3 gr. }	{ Ferri Redact., 1 gr. }	Podophyllin et Hydrarg.
Antibismol (Vegetable).	{ Quina Sulph., 1 gr. }	{ Podophyllin, 1-3 gr. }
{ Pulv. Ext. Coloc. Co., 2 1-2 grs. }	{ Strychnin, 1-50 gr. }	{ Pil. Hydrarg., 2 1-2 grs. }
{ Podophyllin, 1-4 gr. }	Ferri Rodact. (Quevennes), 1 and 2 grs.	Quina et Aloes.
Anti-chill.	Ferri Tartrat. et Potassul., 1 gr.	{ Quina Sulph., 2-4 gr. }
{ Chinoidin, 1 gr. }	Ferruginous (Bland), 3 and 5 grs.	{ Pulv. Aloes Socot., 1-4 gr. }
{ Ferri Ferrocyan., 1 gr. }	{ Ferri Sulph., }	Quina, Aroclad, et Nucis Vomica.
{ Ol. Pip. Nig., 1 gr. }	{ Potass. Carb., }	{ Quina Sulphat., 1 gr. }
{ Acid Arsenios, 1-20 gr. }	Hydrargyri, U. S. P., 1-3, 1, 3, and 5 grs.	{ Acid Arsenios, 1-60 gr. }
Antimonial Compound (Plummer's).	Hydrargyri, Chlor. Corrosiv., 1-12, 1-30, 1-30, 1-40, and 1-50 gr.	{ Ext. Nucis Vomica, 1-4 gr. }
Aperient.	Hydrargyri, Chlor. Mit., 1-2, 1, 2, 3, and 5 grs.	Quina Comp.
{ Ext. Nucis Vomica, 1-3 gr. }	Hydrargyri, Iodidi Kab., 1-16 and 1-28 gr.	{ Quina Sulphat., 1 gr. }
{ Ext. Hyocyan., 1-3 gr. }	Hydrargyri, Iodidi Virid., 1-2, 1-4, 1-8, 1-5, and 1-6 gr.	{ Ferri Redact., 1-30 gr. }
{ Ext. Coloc. Co., 2 gr. }	Iodoform, 1 gr.	Quina Comp. et Extracti Taraxaci.
Asafoetida, U. S. P., 2 grs.	Iodoform et Ferri.	{ Quina Sulphat., 1-4 gr. }
Asafoetida, 4 grs.	{ Ferri Redact. Quevennes, 1 gr. }	{ Ferri Sulph. Exsic., 2 grs. }
Atropin, 1-60 gr.	{ Iodoform, 1 gr. }	{ Acid Arsenios, 1-60 gr. }
Bismuthi Subnitrat., 3 and 5 grs.	Ipecac et Opil. (Pulv. Doveri) U. S. P., 1-2, 3, and 5 grs.	{ Ext. Taraxac., 1-1-4 grs. }
Camphora, 1-2 gr.	Leptandrin, 1-4, 1-2, and 1 gr.	Quina Comp. et Strychnin.
Cathartic Comp., U. S. P.	Morphin, Acetatis, 1-4 and 1-8 gr.	{ Quina Sulphat., 1 gr. }
{ Ext. Coloc. Comp., Pulv., 1-1-3 grs. }	Morphin, Sulphatis, 1-4, 1-8, 1-10, 1-16, 1-20, and 1-32 gr.	{ Ferri Redact., 1 gr. }
{ Ext. Jalap., Pulv., 1 gr. }	Morphin, Valerianat., 1-8 gr.	{ Strychnin, 1-90 gr. }
{ Hydrarg. Chlor. Mit., Pulv., 1 gr. }	Neuralgie (Dr. Gross'), 2 grs.	{ Acid Arsenios, 1-20 gr. }
{ Gambogia, Pulv., 1-4 gr. }	{ Morphin " 1-30 gr. }	Quina et Ferri.
Cathartic Comp. (Improved).	{ Strychnin " 1-30 gr. }	{ Quina Sulph., 1 gr. }
{ Ext. Coloc. Comp., Pulv., 1-1-2 grs. }	{ Acid Arsenios, 1-20 gr. }	{ Ferri Redact., 1 gr. }
{ Ext. Jalap., Pulv., 1-4 gr. }	{ Ext. Aconiti, 1-2 gr. }	Quina et Ferri Carbonat.
{ Podophyllin, 1-8 gr. }	Neuralgie (Dr. Gross?), without Morphin.	{ Quina Sulphat., 1 gr. }
{ Leptandrin, 3-8 gr. }	Neuralgie (Brown-Sequard'), 2 grs.	{ Ferri Carb. (Vallet's Mass), 2 grs. }
{ Ext. Hyocyan., 1-4 gr. }	{ Ext. Hyocyan., 2-3 gr. }	Quina Ferri et Nucis Vomica.
{ Ext. Gentiana, 1-2 gr. }	{ Ext. Conii, 2-3 gr. }	{ Quina Sulphat., 1 gr. }
{ Gambogia, Pulv., 1-4 gr. }	{ Ext. Ignat. Amara, 1-2 gr. }	{ Ferri Carb. (Vallet's Mass), 2 grs. }
Ch'auldine, 3 grs.	{ Ext. Opil., 1-2 gr. }	{ Ext. Nucis Vomica, 1-4 gr. }
Cinchonin Sulphat., 1, 2, 3, and 5 grs.	{ Ext. Aroniti, 1-2 gr. }	Quina Sulphatis, 1-2, 1, 2, 3, 4, and 5 grs.
Cinchonidin Sulphat., 1, 2, 3, and 5 grs.	{ Ext. Cannab. Ind., 1-4 gr. }	Quina, M-Sulphatis, 1-2, 1, 2, 3, 4, and 5 grs.
Copaiba, U. S. P., 3 grs.	{ Ext. Stramon., 1-5 gr. }	Quina, Phosphor, et Nucis Vomica.
Digitalis, pur., 1-60 gr.	{ Ext. Belladonna, 1-6 gr. }	{ Quina Sulphat., 1-50 gr. }
Dissac (Lady Webster).	Opil, Pulv., 1-8, 1-4, and 1-2 gr.	{ Phosphor, 1-100 gr. }
{ Pulv. Aloes Soc., 2 grs. }	Opil, Extracti, 1, 1-2, and 1-4 gr.	{ Ext. Nucis Vomica, 1-4 gr. }
{ Pulv. Gum Mastich, 1-2 gr. }	Opil et Plumbi Acetat.	Quina, Phosphor, Ferri et Nucis Vomica.
{ Pulv. Rosae Gallicae, 1-2 gr. }	{ Opil Pulv., 1-2 gr. }	{ Quina Sulphat., 1 gr. }
Elixir (Clatterbuck's), 1-10 gr.	{ Plumbi Acet., 1-1-2 grs. }	{ Phosphor, 1-100 gr. }
Emmenagogue.	Opil, U. S. P., 1 gr.	{ Ext. Nucis Vomica, 1-4 gr. }
{ Ergotin, 1 gr. }	Opil et Camphora.	Quina, Phosphor, Ferri et Nucis Vomica.
{ Ext. Hellebori Nig., 1 gr. }	{ Opil Pulv., 1 gr. }	{ Quina Sulphat., 1 gr. }
{ Aloes Soc., 1 gr. }	{ Camphora, 2 grs. }	{ Phosphor, 1-100 gr. }
{ Ferri Sulph. Exsic., 1 gr. }	Opil, Camphora et Acid Tannic.	{ Ferri Carb. (Vallet's Mass), 1-4 gr. }
{ Ol. Sabinæ, 1-4 gr. }	{ Opil Pulv., 1-4 gr. }	{ Ext. Nucis Vomica, 1-4 gr. }
Ergotin, 3 grs.	{ Camphora, 1 gr. }	Quina, Valerianat., 1-2, 1, and 2 grs.
Extracti Belladonna, 1-8, 1-4, and 1-2 gr.	{ Acid Tannic, 2 grs. }	Quinidin Sulphatis, 1-2, 1, 2, 3, 4, and 5 grs.
Extracti Cannab. Indica, 1-2 gr.	Fopain, 1-2, 2, and 5 grs.	Rhet, U. S. P.
Extracti Cocæ, 1 and 2 grs.	Fopain et Bismuth.	{ Pulv. Rhet., 3 grs. }
Extracti Colocyrath Comp., U. S. P., 1-2 and 3 grs.	{ Fopain, 2 grs. }	{ Pulv. Saponis, 1 gr. }
Extracti Guarana, 3 grs.	{ Bismuth, Sub. Nit., 3 grs. }	Rhet, Comp., U. S. P.
Extracti Hyocyan., 1-2 and 1 gr.	Phospho, 1-20, 1-25, 1-50, and 1-100 gr.	{ Pulv. Rhet., 2 grs. }
Extracti Nucis Vomica, 1-4 and 1-2 gr.	Phosphor Comp.	{ Pulv. Aloes Socot., 1-1-2 grs. }
Extracti Sumbul, 1 gr.	{ Phosphor, 1-60 gr. }	{ Pulv. Myrrh., 1 gr. }
Ferri Citrat., 2 grs.	{ Ext. Nucis Vomica, 1-4 gr. }	{ Ol. Menth Pip.

Physicians, upon examining these pills and giving them a trial, will be convinced that they can rely upon them as confidently as if made under their immediate supervision. They can be procured either through pharmacists or directly from us. The above is only a partial list, and we shall be happy to supply a complete one, priced, and samples of the pills upon application.

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CONTRIBUTIONS.

ATROPHY OF THE OPTIC NERVE.

USE OF STRYCHNIA AND THE ARTIFICIAL LEECH.

Read before the Medical Society, District Columbia, June 11th, 1878.

BY

F. B. LORING, M. D.

Instructor in Ophthalmology and Otology in National Medical College, Surgeon to Washington Eye and Ear Infirmary, Member of International and American Ophthalmological Societies, etc.

I feel that I cannot claim anything new, either in diagnosis or treatment, for the following case, the points of interest rendering it of sufficient importance to be reported, being merely the surprising rapidity with which the symptoms yielded to the modern treatment of some forms of atrophy of the optic nerve—that is, the artificial leech, and the free use of strychnia. And, that while undoubtedly the abuse of stimulants entered largely into the etiology of the case, it was not simply a case of uncomplicated *amblyopia potatorum*, as indicated in the first place, by the length of time intervening between the seizure of the two eyes, and in the second, by the fact that the first attack occurred prior to his having acquired the alcoholic habit, and at a time when he was very moderate in the use of tobacco :

On the 12th of March last, Mr. H——, age 32, by profession a lawyer, applied to me for an opinion of the condition of his eyes, complaining of a steadily increasing dimness and loss of vision, which, at that time, amounted to an utter inability to read with any glass and at any distance. He stated that three years ago he noticed that his left eye was failing, and that, being abroad at the time, he had consulted a physician, who told him that he had what he termed “flattening of the optic nerve,” and advised him to con-

sult an oculist immediately. This, however, he neglected to do. A little over a year ago the right eye began to be affected, and the symptoms gradually increased until last March, when he came under my treatment. The condition of his eyes, at my first examination, was as follows: the right eye, externally, presented nothing peculiar, while the left was marked by a chronic conjunctival injection on the inner side of the limbus corneæ, with a puffed condition of both lids and a slight ptosis of the upper. This was, however, probably due to the swollen and relaxed condition of the tissues themselves, rather than to any implication of the third nerve, as there had been no diplopia at any time, and the muscles, as tested by prisms, still retained their normal strength. Both pupils responded freely to light. The patient was a robust man, in vigorous health, but addicted somewhat to excess in the use of both stimulants and tobacco, he had had no pain of any sort in either eye, and a careful examination of the heart failed to discover any morbid condition or existing disease. The refraction of the left eye was emmetropic, but V had fallen to $\frac{4}{200}$, (the patient being able to read a letter at four feet only that he should have been able to distinguish with ease at two hundred.) The field was limited on both sides, particularly on the nasal, and the eye was practically color-blind; the tension of both eyes was normal. Under the ophthalmoscope the media were clear and the retina and choroid unaffected. The nerve was, however, in an advanced state of atrophy, the nutrient vessels had almost entirely disappeared, and the disk was extremely pale and glistening, with well-marked cupping; the central artery and its branches were slightly diminished, while the veins were somewhat engorged and tortuous. The right eye was also emmetropic in its refraction, vision amounting to only $\frac{7}{8}$; the power of accommodation, moreover, was entirely suspended, as shown by his ability to discriminate with ease between plus glasses of low focal power. The field was affected on the temporal side, and the patient with difficulty distinguished colors, red usually the first to become indistinct, being, strange to say, the *only* one that he could recognize with certainty, and that only in scarlet, the other shades being confused with each other. Here, too, as in the other eye, the ophthalmoscope revealed no trace of disease in the refracting media, the retina or the choroid. The disk of the optic nerve, however, showed incipient atrophy—the initial change from the primary state of engorgement to that of anemia. The vessels were still congested and full; the papilla, with the exception of a small arc on the outer side, was rosy and red, and

the nutrient vessels were still present though markedly atrophied. The nerve was slightly excavated, showing on the outer side two distinct rims or borders—one due to a natural physiological cup, the other to disease.

Knowing that the left eye had been affected for three years, I began my treatment on the right at once, telling the patient frankly that although he might improve, the case was a serious one, and the *prognosis* at the best was doubtful.

On the following day, having received his promise to abandon all spirituous liquors, and greatly to reduce his use of tobacco, I applied the Heurteloup leech to the right temple, making the incision sufficiently deep to insure a rapid flow of blood, filling the cylinder in about three minutes. I then injected gr. $\frac{1}{40}$ of strychnia subcutaneously, and sent him home in a carriage, with instructions to keep in a darkened room until after the reaction, and to report in two days. On the 15th the vision had risen, and he could now read three letters of the next line ($\frac{3}{8}$.) I then drew another cylinder of blood, and as he objected extremely to the use of hypodermic injections, I ordered twenty (20) grains of the sulphate of quinia and one half of a grain (gr. $\frac{1}{2}$) of the sulphate of strychnia to be made into thirty (30) pills, one to be taken three times a day. As he also complained of the congested appearance of the other eye, I applied Pagenstecher's ointment, consisting of two grains of the yellow mercurial oxide to an ounce of the amorphous glycerole of starch, and on his next visit it had entirely disappeared. I then drew a cylinder of blood from the *left* side, vision on the right having again risen, being now $\frac{4}{8}$, a gain of nearly one half.

I then directed him to come every other day, and the two eyes were alternately leeches, the dose of the strychnia was doubled, a Turkish bath ordered, and the galvanic battery applied to the left temple in order to relieve, if possible, the still existing ptosis.

The sight of both eyes now steadily improved. On the 17th, in the right eye it had reached $\frac{3}{8}$, and the field of vision had greatly increased; on the 20th he could distinguish the three first letters of the lowest line ($\frac{2}{8}$.) but owing to the still existing paresis of the accommodation, he was yet unable to read without the aid of convex glasses; with them he read with ease and rapidity. I then ordered $+\frac{1}{8}$ S, and directed him to use them daily, as an exercise, and to rub in veratrine ointment (grs. x—3) above his eyebrows. On the 23d he could read the entire line with the exception of the last letter; the congested appearance of the fundus had disappeared, the

veins were of their normal dimensions, and the arterial circulation was markedly increased. The patient, moreover, could now recognize green, red, yellow, and blue, and their various shades and combinations, a slight hesitation, however, being still apparent in regard to the lighter shades of blue. On the 25th he could read the entire line with the utmost ease, both backwards and forwards; his appreciation of color had been entirely restored, and his power of accommodation largely increased, he being now able to read number 12 of Jaejer without glasses.

On the first of April the right eye was completely restored in all its functions, the field had entirely cleared, the vision was fully up to the standard, the accommodation normal; and the patient, being able to use his eyes without fatigue or injury, returned to his business.

The left eye had also greatly improved, and the vision had risen from $\frac{1}{200}$ to $\frac{20}{200}$, though of course the disease had advanced too far to render it anything but a useful aid and assistance to the other.

The ptosis has entirely disappeared, and the patient is now using his eyes at his accustomed work with perfect ease and freedom.

CONGENITAL MALFORMATION OF KNEE-JOINT.

ABSENCE OF THE PATELLA AND ANTERIOR FLEXION OF THE LEG UPON THE THIGH.

Presented before the Medical Society, District of Columbia.

BY

J. F. HARTIGAN, M. D.,

Formerly Physician to Washington Asylum, &c.

Florence S., colored, was born December 5, 1878, on Tenth street, Washington, D. C., after a natural labor. Her parents are healthy, well-formed people. Their first child, a girl, had been well formed, and had died during dentition; a second, male child, well formed, died of scarlatina at the end of a year. This little girl suckles naturally and performs all her functions naturally except the voluntary motions of the left lower extremity. The left leg and foot, instead of flexing on the thigh by the contraction of the biceps and semi-tendinosus and semi-membranosus, could not be moved backwards after the tibia and fibula were in the axis of the femur; but at the child's volition or with the gentlest pressure the leg and foot bent forward against the quadriceps, the sole of the foot presenting upwards, the toes pointing into the groin, in which position it is generally maintained.

Viewed anteriorly, when the left lower limb was straight, there were two deep creases in the integument. In these sulci the distribution of the quadriceps tendon could not be traced, nor could any indication of a patella be found ; a third and larger crease, having an inward direction, is situated nearly an inch above.

The condyles of the femur appear to be natural in their development, and no deviation from the normal form of the tibia and fibula could be observed.

The following figure shows the deformity, from a photograph taken in the Army Medical Museum :



I was first called to see the patient when it was only three days old, the father saying "that it had slipped its knee." I invited Dr. Geo. A. Otis, U. S. A., to examine this extraordinary example of malconformation, and December 10th, 1878, a careful inspection was made of the deformed knee and of its exceptional movements.

Dr. Otis agreed with me as to the absence of the patella, the unusual displacement backwards of the tibia, and the probability that the singular displacement of the articular structures had supervened at an early period of intra-uterine life.

On January 2, 1879, Dr. Otis again made an examination of the left knee and endeavored to ascertain whether there was any modification in the form of the articular surfaces of the tibia and fibula ; but the articular extremities of these bones and of the femur seemed natural, only the leg folded forward and upward, and could not be carried backwards against the ham.

Through the politeness of Dr. Otis, and the remarkable facilities of the library of the Surgeon General's Office, under the direction of Drs. Billings and Fletcher, I am enabled to submit the following :

MEMORANDUM OF INSTANCES OF CONGENITAL LUXATIONS AT THE KNEE.

Dr. A. C. Chatelain, of Neuveville, France, saw a new-born child, April 6, 1820, with the left leg flexed forward on the thigh, the tibia making a prominence in the ham, quoted by *Malgaigne Traite, de Fract. et des Lux.*, 1855, T. II., p. 274, from *Bibliothèque Medicale*, Paris, 1822, T. LXXV, p. 85 and p. 103. M. d'Oliviera is stated, at page 85 of the *Bibliothèque*, to have seen several similar cases.

Kleeberg, in 1832, observed a similar luxation. In this and in the preceding case the mother had received blows on the abdomen from falls.

Malgaigne quotes Kleeberg's case from *Sanson Des Luxations Congenitales*, 1841, p. 36, but an earlier citation is in *Zeitschrift für die gesammte Medicin*, Hamburg, 1837, B. VI, p. 160, by Dr. W. Kleeberg. The subject of this case was a sound girl, born September 16, 1832, the third child of well formed-parents. After bandaging with pasteboard splints the normal movements of the limb were regained. There were three folds at the knee, in one of which was a loose patella.

Dr. D. H. Bard, (*Singular Condition of the Knee-joint in a New-born Infant*), in *Boston Med. and Surg. Journal*, 1835, vol. XI., p. 258. (This account is copied in *Amer. Jour. Med. Sci.*, February 1835, p. 555, and in *London Med. and Surg. Jour.*, 1835, vol. VII., p. 406.) A full-sized healthy female child, born August 6, 1833, (second child.) Dr. Bard says: "I found the leg turned up forward on the thigh, the bottom of the foot presenting directly upward, the toes turned toward the face of the child, and the heel from it. I drew the leg gradually and gently toward me, and, to my surprise, it immediately assumed its natural position and shape. * * On letting go of the leg, it immediately reverted to its former position—turned up close upon the thigh. * * Flexion of the leg upon the thigh was performed with the usual ease. No motion of the limb seemed to give the child pain. * * I dressed the limb by placing a small compress under the knee, and casting a roller about the joint in the form of the figure 8. * * The child did well, and when it began to use its legs no difference could be observed between them."

Dr. H. Maas, (*Angeborne Verrenkung des Rechten Unterschenkels, nach Vorne in Archir für Klin. Chir.* 1874, B. XVII, p. 492,) details the case of Otto Stein, six weeks old, admitted in September, 1872, to the Surgical Policlinik, at Berlin, the third son of healthy parents, who showed the following deformity of the right knee: The toes of the right foot were laying on the chest at the birth. With the thigh straight at the hip, the right lower limb stood at the knee-

joint forward and upward, and by slight pressure of the thigh the points of the toes were made to touch the chest. In this manner the condyles, appearing plainly through the tightly-drawn skin, formed the lowest part of the right lower extremity, while the skin on the anterior aspect of the joint was doubled into a fold.

Further investigation proved that the joint surface of the tibia rested on the anterior surface of the epiphysis of the femur, (*luxatio cruris præfemoralis erecta*.) There was no patella; the quadriceps was fastened with a plainly perceptible but small ligament to the tuberosity of the tibia. Otherwise the muscular system of the extremity was normal.

Mr. Lane (*Lancet*, 1858, vol. I, p. 63) relates a case of congenital absence of the right patella in a little boy, eight years of age. This lad had double equino-valgus, with congenital absence of the right patella. Mr. Lane mentions two cases of deficiency of the sesamoid bone in Brodhurst's work "*On the Nature and Treatment of Club-foot*."

M. Labbé (*Bulletin de la Societe de Chirurgie de Paris*, pendant de l'armée, 1874; Paris, 1875, p. 508,) presented an infant fifteen days old, with congenital absence of the patella, complicated with double talus.

Caswell (E. T.) *Congenital and Hereditary Malposition of the Patella* in *Amer. Jour. Med. Sci.* 1865, vol. I, p. 82.

In the *Bulletin de la Societe Medicale de Reims*, 1873, No. 12, p. 67, is recorded a case of an infant, aged three years, with malconformation of the lower limbs. There was no trace of a patella in the left limb, allowing a forward movement to an angle of nearly 45°.

Dr. W. Körte (*Zwei Falle von Angeborenem Mangel der Patella*, in *Deutsche Zeitschrift für Chirurgie*, 1876-77, B. 7, p. 69) cites two cases observed by him at the clinic at Strasbourg, in 1875, in which there was no patella, and refers to cases observed by —.

V. Ammon, (*die Angeborenen Chirurg Krankheiten des Menschen*, Berlin, S. III, Taf. XXVI I.)

Wutzer, *Müller's Archiv*, 1835, *Angeborene Missbildungen der Kniee*.

Friedleben, (*Schmidt's Jahrbucher*, 112*), and to a case in the *London Med. Gaz.*, 1833, January 19.

Dr. F. H. Hamilton, in his work on fractures and dislocations, reports as follows: case of J. Youmans, (*Intra-Uterine Dislocation of Knee-joint*, in *Boston Med. and Surg. Jour.*, October 25, 1860, vol.

*For reference see Maas' article.

LXIII, p. 249.)—"A healthy woman was delivered on the 16th. August, 1859, of a full-grown female child, whose left knee was so completely dislocated that the toes rested upon the anterior part of the thigh, near the groin. Dr. Y. immediately took hold of the limb and brought it to its natural form, but as soon as he relinquished his hold, it flew back to its original position. Having again straightened the leg, it was retained in place easily by two pieces of whale-bone tied upon each side of the thigh and body; some soreness and swelling ensued, and it was some weeks before the splint could be safely removed. At the time of the report, October 11, 1860, the child was using the limb with as much freedom and dexterity as other children of her own age. In the report particular attention is called to the disposition on the part of the limb to resume its unnatural position with a spring, showing contraction of the anterior muscles of the thigh, to the fact that the patella of this knee was smaller than the other, and that the skin on the front of the knee was wrinkled as it is usually back of the knee in fat children."

In referring to Bard's case, Dr. H. says: "It was especially noticed that in bringing down the leg from its position of extreme anterior flexion (extension) more force was required in the first part of the manœuvre than in the last; and that, if having brought the leg down, it was left to itself, it immediately resumed the abnormal position, moving at first slowly, but after a time more rapidly. "I have examined" he continues "a case of congenital forward dislocation of both tibiæ, which came under my observation, in the section on congenital dislocations of the hip, and I have recently seen a case of congenital subluxation of both tibiæ backwards, occasioned by contraction of the hamstrings. Section of the muscles restored the bones nearly to their normal position.

"Chatelain was consulted in relation to a similar case, in which the restoration of the limb to its natural position was, also easily effected, and by means of three metallic splints, applied during about fifteen days, the cure was consummated. Chatelain directed, however, that the leg should be kept flexed upon the thigh eight days longer.

"Kleeberg found a child with the leg flexed forwards so much (extended) upon the thigh that the popliteal region became the lowest point of the limb; in front and above the articular extremity of the tibia could be felt, and the condyles of the femur made a corresponding projection behind into the popliteal space. This was plainly an example of complete luxation, and contrary to what was observed in Bard's case; flexion of the limb backwards was difficult and pain-

ful. The treatment was commenced by securing the limb in a straight position by means of a splint and roller; subsequently Kleeberg carried the limb back to an obtuse angle, and finally it was kept eight days in a position of extreme flexion; a complete cure was said to have been accomplished in about two weeks.

"Guerin and Cruveilhier report cases of sublucation forwards of head of tibia, accompanied with extreme retraction of extensor muscles of leg. In these examples the displacement forward at the articular surface was but slight, and the anterior flexion of the limb inconsiderable; but when the dislocation is complete, or nearly so, the deformity is in all respects very much increased.

"Guerin has also seen a sublucation backwards, accompanied with a slight rotation of the head of the tibia outwards, in a girl 14 years old; and which he affirms was congenital, characterized by a permanent flexion (backwards) of the leg upon the thigh, and a sliding of the condyles of the tibia backwards. The result of his treatment is not stated.

"Chassier found both tibiæ displaced backwards in an infant otherwise deformed.

"Robert speaks of an example of lateral sublucation in a man, which had existed from birth. The right knee was thrown inwards and the left outwards."

With regard to the treatment in my case, I shall apply apparatus to effect extension of the limb, and resort, if necessary, to such other plans as the circumstances may require and will in some future number of the REVIEW give the result.

Postscript—Since the foregoing was written my attention has been called to a case of *double* anterior flexion in a male child five days old; both patellæ, however, being present. The mother is twenty-two years of age, colored, primipara. She states "that some time during the second month of pregnancy I was badly frightened, as a carriage was about to run over a deformed beggar, who was shuffling across the street on his knees; I have never received a blow or injury, but have scrubbed, washed and lifted heavy tubs for a livelihood, and generally at night felt very tired, and sore in the stomach."

Soon after the delivery of the child Dr. Leach was summoned, who had her conveyed to Freedman's Hospital. Through the courtesy of Dr. Palmer, in charge of that institution, and with Dr. Otis' valuable counsel, an examination was there made. The right limb presented three sulci anteriorly, (as did the left;) it was bent forwards

at an acute angle, distorted, the condyles of the femur projecting outwards—there was besides slight talipes varus.

The left leg was also flexed forward on the thigh, at a right angle, and showed backward displacement of the tibia and fibula; this limb could be flexed posteriorly to an angle of 20° , and upon letting it go when extended would revert to its abnormal position; both patellæ were plainly perceptible and movable.

DERMIC PARASITES.

COMMUNICATED BY

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As at this time great interest appears to be taken in the investigation of the pathological changes, caused by the presence of parasites, I wish briefly to enumerate the parasites which are known to attack the epidermis and to specify the cutaneous lesions to which they give origin.

First we take the diseases due to animalculæ. Probably the disease in which it was earliest discovered—the morbid cause of which was of a parasitic nature—is that known as scabies or itch.

The first description we have of this disease, and the first intimation that its cause is primarily due to an animal parasite we find in the writings of the Arabian Physician Avenzoar, during the twelfth century, who indicates the existence of an affection “due to the presence of small animals.” Later, other authors gave essentially the same description, and later still drawings of the acarus were exhibited by Hauptman, Borello and Ettmuller. Of the more modern writers upon the subject of the acarus, its anatomy, mode of living, breeding, etc., we can refer to the writings of Gudden, Zurn, and the elegant treatise of Furstenburg.

This animalcule, as is well known, gives rise to a severe pruriginoid eruption, characterized by papules, vesicles, pustules, scratch-marks, excoriation, etc., seated upon a more or less inflamed and thickened skin.

Second in importance comes the order leptus, and of these there are two species, the leptus americanus and leptus irritans. The former gives rise to a small inflammatory papule, caused by the insect burrowing *one-half* beneath the epidermis, and the latter causes a severe inflammation about the ankles and legs, accompanied by papules, vesicles and pustules.

The *pulex penetrans* is another intruder. In this case the impregnated female works her way into the *pars papillaris* of the corium, displaying a decided preference for the vicinity of the nail, and gives origin to a painful inflammation with medium sized vesicles and pustules, swelling and not infrequently to severe ulceration; usually, also, the lymphatic glands enlarge considerably.

The *filiaria medinensis*, when it attacks the skin, produces inflammation, together with the formation of a species of furunculus or large painful tumor. One worm generally inhabits each tumor, and the only relief for the sufferer consists in the extraction of the animal, care being taken not to break him during the operation.

The lesions caused by the *cimex lectularius* are too familiar to require description; the red papules and wheals are known to all.

The *ixodes ricinus*, having its habitat in pine wood, which gives rise to painful tumors the size of a pea; the *culex pipiens* that produces eruptions similar to urticaria; the inflammatory tumors or swellings due to the *œstrus*, and the *argas*, which brings about great inflammation with enlargement of the neighboring lymphatic glands, are all to be remembered.

In this connection also must not be neglected the severe secondary eruptions, primarily due to the three varieties of *pediculi*—*p. capitis*, *corporis* and *pubis*. This condition is known as *phtheiriasis* and the appearances are familiar to all.

Reference may also be made to the innocent animalcule, the *demodex folliculorum*, whose habitat is the hair follicles and sebaceous glands, particularly of the face; it is perfectly harmless, however, giving rise to no objective or subjective symptoms, and is found as often in healthy skins as in those which are diseased. The consideration of the vegetable parasites and the lesions which they produce will be the most interesting portion of our survey.

The first disease in which it was discovered that the morbid conditions were dependent upon the presence of a parasitic growth is *tinea favosa*. This fact was demonstrated by Schonlein of Berlin, in the year 1838, and the cryptogamic vegetation was called in his honor, *Achorion Schonleinii*.

The fungus consists of round or ovoid spores or conidia, about $\frac{1}{3000}$ of an inch in diameter, of a cylindrical shape, pale greenish in color, refracting light strongly, and arranged loosely in chains, and of mycelium composed of narrow threads, and having a diameter of from $\frac{1}{3000}$ ''' to $\frac{1}{7000}$ '''

These threads or fibres of mycelium are branched and regularly

segmented, and do not fall into the component cells when agitated ; finally we also find, in the growth, micrococcus and bacteria.

The fungus *tinea tricophytina* is the vegetable parasite giving rise to the three forms of cutaneous disease denominated *tinea circinata*, *tinea tonsurans* and *tinea sycosis*. The *tricophyton* fungus was first discovered in *t. sycosis* in 1842, by Gruby, who two years later demonstrated it also in *t. tonsurans* ; the existence of the same vegetable growth in *t. circinata*, was made known in 1854 by Bazin of Paris.

Although the same fungus produces the three diseases above mentioned, it does not possess in all the same degree of development ; that is, it is of a more luxuriant and abundant growth in *t. tonsurans* and *sycosis* than in *t. circinata*. From this peculiarity it may be supposed that the substance of the hairs, within the follicles, offers more congenial soil and tempting food, if I may be allowed the expression, than the non hairy portions of the body.

The microscopical appearance of the fungus briefly stated is as follows : It consists of spores and mycelium ; the spores are round, smaller than those of the *achorion*, measuring from $\frac{1}{1000}$ ''' to $\frac{1}{800}$ ''' . They may be seen in chains of three or more, and are frequently noticed to be connected to the ends of the mycelium ; the mycelium is long, slender and jointed irregularly ; it exists in far greater proportion than does the spores, and is especially remarkable for its length. The root of the hair, when viewed beneath the microscope, shows it to be loaded with spores ; frequently chains of them are seen splitting up the shaft, separating the fibres, and extending from the bulb to the distance of $\frac{1}{16}$ to $\frac{1}{8}$ of an inch above the level of the epidermis.

Another disease of parasitic origin is that known as *tinea versicolor*. This affection is produced by the development of the vegetable parasite *microsporon furfur*, which was demonstrated by Eichstedt of Greifswald in 1846. The fungus consists of mycelium and spores ; the mycelium is long, curved and branched, the ends being frequently capped with single spores. The spores or conidia are roundish, and appear to be filled with a watery homogeneous plasm ; they have an unusually distinct outline. These spores possess one peculiarity by which they can always be distinguished, and that is their marked tendency to grouping ; they appear to form little islands of spores connected by threads of mycelium, which are observed extending from one group to another. According to some observers these groups of conidia are supposed to be enclosed within a common

membrane, and are thought, therefore, to be sporangia with free conidia, from which the cell-fibres are said to emanate.

The most recent discovery made in this department was the demonstration, in 1854, of the parasitic nature of the so-called eczema marginatum. The true nature of this disease was briefly mentioned by Devergie during the year above mentioned, and was fully described by Baresprung the following year. The growth causing this disease is the trichophyton, and was described in connection with *t. tonsurans* and *t. sycosis*.

"LISTERIZED" WRIST-JOINT.

BY

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As the subject of "antiseptic" treatment is now of absorbing interest to every surgeon, I think all cases, or classes of cases, in which it has proven of special service, should be given to the profession at the earliest practicable moment. It is with this purpose that I briefly report the following case, for, although I have used Lister's method for some time, I have had, until quite recently, no experience with it in the treatment of joint diseases.

James M——, white, bricklayer, age 21, was admitted to Providence Hospital December 13th, 1878, with disease of the left wrist-joint of eight weeks standing. He was not conscious of having injured himself in any way, but supposed the handling of brick had been the cause.

It commenced with pain and swelling, which were most marked over the dorsal surface; but in a short time the enlargement extended around the joint as well as above and below. His suffering was very great, the slightest movement of the fingers causing intense pain. He had used various remedies, but, as he continued to get worse, he decided to go to the hospital for treatment.

When admitted the joint looked as if filled with pus, but upon examination, as there was no distinct fluctuation, I diagnosed a pulpy condition of the joint. The general condition of the patient was good, although he said he had been considerably reduced in the last few weeks.

Dec. 15th.—Before a large class of students and several medical men I laid the joint open posteriorly by a long incision, and carefully examined the joint structures; this was, of course, done under

the "spray" and all the antiseptic precautions. I found the cartilages apparently healthy, but the bones seemed loosely attached to each other from more or less destruction of the ligaments; in fact, almost a gelatinous condition of some of the fibrous tissues. I passed a bundle of carbolized cat-gut between the bones towards the anterior aspect of the joint for drainage, and brought the wound together with carbolized sutures. The dressing was then completed by the protective gauze, McIntosh, and bandage, and the forearm laid upon an anterior splint.

Dec. 22d. Examined the joint before students and several physicians. The carbolic spray was constantly used. The projecting ends of the cat-gut fell off, and the sutures were removed; the joint reduced almost to its normal size. The wound was then dressed as before. During the week the patient had been so well that it was difficult to keep him in bed.

Dec. 26th. Examined wound and, to my surprise, found it entirely healed, with scarcely any swelling or tenderness. Applied carbolized oil, and covered the hand and wrist with cotton wool which was firmly bandaged.

Jan. 8th. Patient, having left the hospital, called at my office as he had been directed to do. The wrist seemed well, with considerable motion, and the fingers could be flexed and extended, though slowly. The wrist and fingers were in the condition we so often see when the dressings are removed from a Colles fracture. He was given a liniment and advised to commence gradual use of the hand.

EDITORIAL COMPILATIONS AND COMMENTS.

THE RUSSIAN PLAGUE,

OR, "BLACK DEATH" OF THE MIDDLE AGES.

The present epidemic pervading Southern Russia is pronounced by competent medical authorities to be the veritable scourge which, during the fourteenth century, nearly depopulated Europe.

Its origin at that time was credited to China, and its causes were ascribed to influences beyond human control or foresight.

Its present origin is the marshy and malarial valley of the Danube, where not less than 200,000 human corpses were either left unburied or thrown into shallow trenches to poison the air and mark the arena of the late Turco-Russian War.

The phenomena which preceded the plague of the fourteenth century began in the year of 1333, and first appeared in China, where a parching drought commenced in the tract of country watered by the rivers Kiang and Hoai, followed by famine. Afterward violent torrents of rain set in, around, and about Kingsai, the then capital, and in these floods it is estimated that over 400,000 people perished. The inundations were so great that the foundations of the mountain Tsincheou gave way and it fell in, its site being marked by vast clefts in the earth.

In the following year, 1334, according to traditions, the neighborhood of Canton was visited by inundations, followed by a drought, and subsequently by famine and pestilence, which destroyed about 5,000,000 of people. A few months afterwards an earthquake followed near Kingsai, by reason of which the mountains of Ki-mingchan were thrown down and sank into a chasm of the earth more than a hundred leagues in circumference, which in time filled and became a lake.

In Honkouang and Ho-nan another drought followed, lasting five months, and innumerable swarms of locusts destroyed what vegetation survived the heated term, while famine and pestilence, as usual, followed in their train. While no connected accounts, according to Hecker, are to be found of the condition of Europe at this time, he states that simultaneously with these fearful floods, earthquakes, famines, and pestilences in China, uncommon and strange atmospheric phenomena, with thunder storms in the winter, were observed

in some portions of Europe, and as early as 1333 an eruption of Etna took place. About 4,000,000 of Chinese perished from famine in one district, and it was not unusual for the earthquakes to last six days.

In 1336 Kingsai was visited by an earthquake of ten days duration and thenceforth, till the year 1342, there were constant successions throughout China of inundations, earthquakes, and famines. In the same year great floods occurred in the vicinity of the Rhine, in Europe, which could not be attributed to rain alone, for everywhere, even on the tops of mountains, springs were seen to burst forth, and dry tracts were submerged in an inexplicable manner.

In the following year other tremendous inundations, earthquakes, and falling of mountains occurred, and seven cities in China were destroyed.

These violent demonstrations extended as far as Egypt and Syria, and the fury of the elements did not subside until 1347, having devastated Asia for a period of fourteen years.

The signs of terrestrial commotions commenced in Europe in the year 1348.

On the island of Cyprus an earthquake occurred, accompanied by so frightful a hurricane that the inhabitants, who had slain their Mahometan slaves in order to prevent their own subjugation, and construing the convulsions of nature as an expression of Divine wrath there at, fled in dismay in all directions, and were mostly destroyed by the sea which overflowed, dashing ships to pieces on the rocks.

The hurricane was noticed to be accompanied by a poisonous odor, and most of those who escaped the earthquake and the tidal wave were overcome by the stench, and expired in dreadful agonies.

There were, also, hosts of locusts blown into the sea by the hurricane, and afterward cast dead upon the shores, where they putrified and produced noxious exhalations which were wafted afar; and a dense and awful fog was seen in the sky, rising in the east and descending upon Italy.

The changed conditions of the atmosphere were augmented by the earthquakes, so general as to open chasms in thousands of places from which arose noxious gases.

The terrors of the people were increased by the report which prevailed that a fiery meteor had descended upon the earth, far in the east, and had destroyed everything within a circumference of a hundred leagues, infecting the air far and wide.

Vast river districts were converted into swamps, and foul vapors

arose everywhere, increased by the decomposition of immense quantities of animal matter, especially locusts, which darkened the sun in successive swarms from the east towards the west.

The most extraordinary meteors appeared in many places and were regarded with superstitious horror ; indeed, if one half the things narrated actually occurred, we do not wonder the unfortunate inhabitants of that period were prepared to believe the other half as equally probable.

A pillar of fire, which on the 20th December, 1346, remained for an hour at sunrise over the Pope's palace in Avignon, and a fire-ball which in August of the same year was seen at sunset over Paris, and was remarked for its duration, are recorded, together with wonderful prophecies and omens, in the chronicles of that age.

The order of the seasons seemed to be inverted ; rains in one instance lasting continuously for four months, and failures in crops were so general that few places were exempt, and famine, in 1347, compelled the wealthy of cities to distribute bread to the impoverished people of the surrounding country.

In Florence they erected large bake-houses from which *ninety-four thousand* loaves of bread, each of twelve ounces weight, were daily dispensed.

Humanity, however, could only partially mitigate the general distress ; children died of hunger in their mothers' arms ; want, misery and despair were general throughout Christendom.

* * * * *

Such are only a few of the events which are recorded to have taken place before the eruption of the Plague or Black Death in Europe.

Cosmical commotions and phenomena to any such extent have not occurred during the five centuries which have elapsed, and to attempt to point out the causes which called forth so terrific a poison to depopulate that unfortunate age still exceeds the capacities of human intelligence.

In the inmost depths of the globe that impulse was given, in the year 1333, which, in uninterrupted succession, for *twenty-six years* shook the surface of the earth from China to the western shores of Europe, working such changes that even plants which were not destroyed by earthquakes and floods, perished by reason of the scorching heat of the sun.

* * * * *

From China, as the focus, the Plague was spread by caravans over the routes which lay to the north of the Caspian sea through Central Asia to Tauris, where ships were ready to take the produce of the

East to Constantinople, the then capital of commerce, and the medium of connection between Asia, Europe and Africa.

The Plague, instead of advancing in a northerly direction from Tauris and from the Caspian sea, made the great circuit of the Black sea by way of Constantinople, through the Mediterranean, along the southern coast of Europe to England, and thence to the northern kingdoms, attacking Poland before it entered Russia.

The present outbreak occurs in Russia, where it left off its ravages over five hundred years ago.

Whether modern medical and sanitary science, with all the accrued improvements since the fourteenth century, can successfully cope with this giant destroyer after its long sleep, remains to be determined, and the result of the contest is to the last degree of vital interest to the whole world.

* * * * *

Regarding the *mortality* of the Black Plague or Black Death, it is stated that in China *thirteen millions* died from it.

India was depopulated; Tartary, Syria, Armenia, etc., were covered with dead bodies.

Cairo lost, *daily*, from ten thousand to fifteen thousand people.

It was reported to Pope Clement, at Avignon, that throughout the East, besides the *thirteen* millions in China, *twenty-three* millions eight hundred and forty thousand people had fallen victims to the Plague.

It is estimated from carefully collected data that Europe lost *twenty-five* millions of inhabitants during the reign of this tremendous visitation.

In Avignon the Pope found it necessary to consecrate the Rhine that bodies might be thrown into the river without delay, as the church yards would no longer hold them.

In all large cities, Cairo, Vienna, Paris, the dead were buried in large pits outside the incorporation, arranged in layers by thousands.

The city of Vienna filled six enormous pits or trenches; and in Erfurt, after the church yards were filled, *twelve thousand* corpses were thrown into eleven great pits; and in all cities funeral ceremonies, the last consolation of the survivors, were impracticable.

In one burial ground alone, in London, there were interred upwards of *fifty thousand* corpses, arranged in layers in large trenches. The whole period during which the Black Death raged with annihilating violence in Europe, was, with the exception of Russia, from the year 1347 to 1383.

After the cessation of this pestilence in Europe, and it was sup-

posed to have died out completely, a fresh eruption of the epidemic occurred in Rome, in consequence of the immense concourse of people assembled there in celebration of a jubilee, to which Clement VI. cited the faithful, and scarcely one in a hundred of the pilgrims escaped. In consequence of this renewed scattering, Italy was depopulated again by those who returned and spread poison and corruption of morals in all directions. This imprudence on the part of the in general so wise and considerate a man as Pope Clement VI. proved himself to be, is inexplicable, since he was so convinced of the salutary effect of seclusion, during the plague in Avignon, that he kept himself surrounded by a cordon of fires, and allowed no one to approach within this circle, from which he gave his orders.

Even the inhabitants of Iceland and Greenland found, in the coldness of their inhospitable climate, no protection against the southern enemy, and the Plague caused great havoc among them. In Denmark and Norway the people were so occupied with their own misery that the accustomed voyages to Greenland ceased. Towering icebergs formed at the same time on the coast of East Greenland, ascribed to the concussion of the earth's organism; and no mortal from that time forward has seen its inhabitants.

As before observed, the plague did not break out in Russia until after it had passed through the south and around the north of Europe.

Here also the mortality was exceedingly great, and the same scenes of affliction and despair were exhibited as had occurred in those nations who had already passed the ordeal. In the hour of danger, fathers and mothers abandoned their children, and children abandoned their parents. The wealthy gave their treasures to the churches and monasteries, according to the notions of the age, that this was the surest way of securing the favor of Heaven and the forgiveness of past sins.

Lubeck, at that time the Venice of the north, could no longer contain the multitudes that flocked into it, and was thrown into such consternation on the eruption of the plague, that many of the citizens destroyed themselves as if in frenzy. Merchants, whose possessions were unbounded, coldly and willingly renounced their worldly goods, and carrying their treasures to the churches, laid them at the foot of the altar; but gold had no charms for the monks, for it brought them death.

They shut their gates, yet still it was cast to them over the convent walls, and the frenzied populace would brook no impediment to this their last pious work.

When the Plague ceased, those living thought they were still wandering among the animated dead, so appalling was the livid aspect of the survivors, in consequence of the intense anxiety they had undergone and the intolerable infection of the air.

* * * * *

The mental shock sustained by all nations during the prevalence of the Black Death is without parallel and beyond description.

Many fell victims to fear, and the most stout-hearted lost confidence and construed danger as the certain harbinger of death.

An awful sense of contrition seized many communities of transgressors, who henceforth resolved to make restitution for past offences before they were summoned hence, and sought reconciliation with heaven by self chastisement for former sins.

While human nature would be exalted, could the countless noble actions which were performed without ostentation and in seclusion be recorded, on the other hand, hypocrisy and bigotry stalked abroad undaunted, and made show of public acts of penance, under the semblance of religion, which, in time, under the banners of the so-called Flagellants or the Brotherhood of the Cross, threatened both the religious and secular governments in Europe.

The records of these crusades, rivaling those which called so many of the inhabitants of Europe into the deserts of Syria and Palestine, are too voluminous to more than hint at in this paper.

The Jews were everywhere accused, and horribly persecuted by being burnt at the stake or broken upon the wheel, for having, as the Christians believed, caused the plague by poisoning the wells and by means of some supposed demoniac power infected the air.

Both the processions of the Brotherhood of the Cross in their pilgrimages from city to city, in bands comprising thousands of all ages and classes, thereby more and more diffusing the plague, together with the immolation of thousands of the Jews who fell victims to ignorance, bigotry and avarice, served to add many a gloomy and bloody page to the terrible history of the 14th century.

* * * * *

The Plague itself was characterized by inflammatory boils and buboes and tumors of the glands.

These boils or buboes, starting in the groins and in the axillae, rapidly appeared on the surface of the body at all points, and assuming a *dark blue* or *black* appearance, indicative of putrid decomposition, speedily proved fatal. The disease, from this discoloration of the skin, received, in Germany, the name of the "Black Death,"

and in Italy was called "*La Mortalega Grand*," or the "*Great Mortality*."

The disease was also known as the Oriental Plague, and the buboes were described as "*imposthumes*."

Buboes, which were the constant, infallible accompaniments of the Plague, were also associated with smaller boils on the arms, face and other parts of the body, and interspersed by blebs or blisters which soon degenerated into abscesses and then into black spots, which, often running into each other, became confluent, giving the patient the horrible appearance of undergoing decomposition before life had actually departed.

Affections of the brain were frequent; many patients became stupefied and fell into a deep sleep, losing also their speech from paralysis of the tongue; others remained sleepless and without rest.

The fauces and tongue were black, as if extravasated with blood; no beverage would assuage their burning thirst, and their sufferings continued without alleviation until terminated by death, which many in their despair accelerated by their own hands.

Contagion was evident, for attendants caught the disease of their relations and friends, and many houses were bereft even of their last inhabitant.

Still deeper sufferings were connected with this pestilence, such as had not been felt at other times; the organs of respiration were seized with a putrid inflammation; a violent pain in the chest attacked the patient; blood was expectorated, and the breath diffused a pestiferous odor.

In the West the following were the predominating symptoms of this disease:

An ardent fever, accompanied by an evacuation of blood, proving fatal in the first three days.

It appears that buboes and inflammatory boils did not at first come out, but that the disease, in the form of carbuncular (anthrax-artigen) affections of the lungs, destroyed life before the other symptoms had time to develope.

The pestilential breath of the sick, who expectorated blood, caused a terrible contagion far and near.

To go near those who had fallen ill of the Plague was certain death, so that parents were compelled to abandon their infected children, and all the ties of kindred were dissolved.

In the occasional milder cases time was given for the development

of buboes and inflamed boils in the axillae and generally over the body, and in these cases recovery took place after a protracted siege of months.

Guy de Chauliac saw the Plague twice in Avignon, first in the year 1348, from January to August, and twelve years later, in the autumn, when it returned from Germany, and for nine months spread general terror and devastation.

In 1348 it raged principally among the poor, but in 1360 more among the higher classes, of whom the majority of victims were children. During the same periods it raged in Egypt, where also the pulmonary complication predominated and destroyed quickly and inevitably, death being accelerated by flashes of burning heat and expectoration of blood.

Here, too, the breath of the sick spread the deadly contagion, and human aid was as vain as the disease itself was destructive to those who approached the infected.

Boccacio was an eye-witness of its incredible fatality in Florence. It commenced in Italy, both in men and women, with tumors in the groin and axillæ, varying in circumference to the size of an egg, and called by the people *pest-boils*. Then there appeared similar tumors upon other parts of the surface indiscriminately, and the intermediate spaces were converted into black or blue spots, the arms and thighs particularly being studded with them.

The superaddition of these black or blue spots to the post-boils soon became recognized as sure forerunners of death. Neither medicine or anything afforded relief.

Almost all died within the first three days after the appearance of these spots, and usually without the supervention of fever or other symptoms.

The disease spread with the greater fury as the number of its victims increased, and it was noticed by Boccacio, himself not a physician, that contact with the clothes and other articles which had been used by the infected communicated the disease. As it advanced, not only human beings, but the lower animals, fell sick and shortly expired, if they came in contact with things capable of absorbing the virus of the Plague.

Boccacio saw two hogs rooting among some rags infected by a person who had died of Plague, and after staggering about for a short time, fell dead as if they had swallowed a virulent poison.

In other sections multitudes of dogs, cats, and fowls perished from the contagion, and other animals suffered equally.

In Germany there was a repetition of similar phenomena. The signs of the oriental buboe-plague, with its irresistible contagion, were found there as elsewhere; but the mortality was not nearly so great as in the other parts of Europe.

In Strasburg, where the force of the epidemic was mitigated, 16,000 people were carried off in the year 1349, and most all of the deaths occurred by the third or fourth day.

In Austria, especially in Vienna, the plague was fully as malignant as anywhere, and the patients who had red spots and black boils, as well as those having, in addition, tumid glands, died about the third day.

The Plague traveled from Avignon to France, and was there more destructive than in Germany, in many places not more than *two* out of *twenty* inhabitants surviving.

Many were struck as if by lightning and died on the spot, and this more frequently among the young and strong than the old.

Patients with enlarged glands in the axillæ and groins scarcely survived two days, and no sooner did these fatal signs appear than they bid adieu to the world, and sought consolation in the absolution which Pope Clement VI. promised them in their hour of death.

In England the malady appeared, as at Avignon, with the expectation of blood, and the same fatality, so that the sick who were seized either with this symptom or with vomiting of blood, died in some cases immediately, in others within twelve hours, or at latest in two days.

The inflammatory boils and buboes in the groins and axillæ were recognized at once as prognosticating a fatal issue, and those were past all hopes of recovery in whom such swellings arose in numbers over the body.

It was not until toward the close of the Plague that they ventured to open, by incision, these hard boils and allow the pus to escape.

By so doing many patients were saved.

Every spot which the sick had touched, their breath, their clothes, their bedding, spread contagion; and as in all the other places which the Plague visited, the attendants and friends, who were either blind to their danger, or heroically despised it, fell a sacrifice to their sympathy.

Even the eyes of the patient were considered as sources of contagion, having the power of acting at a distance, whether on account of their unwonted lustre or the distortion which they always suffered

in Plague, or whether in conformity with an ancient superstition according to which the so-called *evil eye* had the power to work a demoniacal enchantment.

Flight from infected cities seldom availed the timid, for the germ of the disease had adhered to them, and they fell sick, remote from assistance, in the solitude of the country.

Thus, according to historians, the Plague spread over England with unexampled rapidity after it first appeared in the county of Dorset, whence it advanced through the counties of Devon, Somerset, to Bristol, and in time reached Gloucester, Oxford and London.

Probably few places escaped, perhaps not any; for the annals of contemporaries report that throughout the land only a tenth part of the inhabitants remained alive.

From England the contagion was carried in a ship to Bergen, in Norway, where the plague broke out in its most frightful form, with vomiting of blood; and throughout the whole country spared not more than a third of the inhabitants.

Sailors found no refuge from the scourge in their ships, and vessels were often seen driving at random and drifting ashore, whose crews had perished to the last man.

In Poland the infected were attacked with spitting of blood and died in such vast numbers that in a few days over three-fourths of the population had disappeared.

Finally in Russia the plague appeared two years later than in Southern Europe.

Russian records of that time state that the disease was ushered in with rigors, heat, and darting pains in the shoulders and back.

It was accompanied by spitting of blood, and terminated fatally in two, or at most, three days.

Frightful consequences followed for many years after the first fury of the pestilence had abated, by the propogation of the disease, though the medium of clothes, bedding, and hundreds of articles capable of absorbing the disease germs.

Only two medical descriptions of the malady have reached modern times; one by Guy de Chauliac, the other by Raymond Chalin de Vinario, an experienced scholar, well versed in the learning of his time.

These two were cotemporary at Avignon, but neither mentions the other in his writings.

Chalin observed not only the *great mortality* of 1348, and the Plague of 1360, but also that of 1373 and 1382, and speaks of

affections of the throat in addition to the other symptoms accompanying the *black spots*.

The affections of the throat are described as consisting in carbuncular inflammation of the gullet, with a difficulty of swallowing, even to suffocation ; to which was sometimes added inflammation of the ceruminous glands with tumors of the ear, producing great deformity.

Such patients, as well as others, were affected with expectoration of blood, but they did not usually die before the sixth day, and sometimes even so late as the fourteenth.

It was not uncommon for discolored streaks to shoot out over the skin from some prominent black spot, and this zone was called *the girdle*, and was justly considered a dangerous symptom.

* * * * *

The medical faculty of Paris, the most celebrated of the fourteenth century, were commissioned to deliver their opinion on the causes of the Black Death and to furnish appropriate instructions.

The following is an abbreviated copy of their declaration :

“ We, the members of the college of physicians of Paris, have, after mature consideration and consultation on the present mortality, collected the advice of our old masters in the art, and intend to make known the causes of this pestilence more clearly than could be done according to the rules and principles of astrology and natural science ; we, therefore, declare as follows :

“ It is known that in India and the vicinity of the Great Sea the constellations which combatted the rays of the sun and the warmth of the heavenly fire, exerted their power especially against that sea, and struggled violently with its waters ; hence, vapors originated which enveloped the sun and converted his light into darkness. These vapors alternately rose and fell for twenty-eight days, but at last the sun and fire acted so powerfully upon the sea that they attracted a great portion of it to themselves, and the waters of the ocean arose in the form of vapor, thereby the waters were in some parts so corrupted that the fish which they contained died.”

“ These corrupted waters, however, the heat of the sun could not consume ; neither could other wholesome water, hail, snow, or dew, originate therefrom. On the contrary, this vapor spread itself through the air in many places on the earth and enveloped them in fog.”

“ Such was the case all over Arabia, in part of India, in Crete, in the plains and valleys of Macedonia, in Hungary, Albania, and

Sicily. Should the same thing occur in Sardinia not a man will be left alive, and the like will continue so long as the sun remains in the sign of Leo, on all the islands and adjoining countries to which this corrupted sea-wind extends, or has already extended from India."

"If the inhabitants of those parts do not employ and adhere to the following or similar means and precepts, we announce to them inevitable death, except the grace of Christ preserve their lives."

"We are of the opinion that the constellations, with the aid of nature, strive, by virtue of their divine might, to protect and heal the human race, and to this end, in union with the rays of the sun, acting through the power of fire, endeavor to break through the mist. Accordingly, within the next ten days, and until the 17th of the ensuing month of July, this mist will be converted into a stinking deleterious rain, whereby the air will be much purified. Now, as soon as this rain shall announce itself, by thunder or hail, every one of you should protect himself from the air, and, as well before as after the rain, kindle a large fire of vinewood, green laurel, or other green wood, wormwood and chamomile should also be burnt in great quantity in the market places, in other densely inhabited localities, and in the houses."

"Until the earth is again completely dry, and for three days afterwards, no one ought to go abroad in the fields. During this time the diet should be simple, and people should be cautious in avoiding exposure in the cool of the evening, at night, and in the morning."

"Poultry and water-fowl, young pork, old beef and fat meat in general should not be eaten. Broth should be taken seasoned with ground pepper, ginger and cloves. Sleep in the day time is detrimental."

* * * * *

"At breakfast one should drink little—dried or fresh fruits, with wine are not injurious, but highly so without it. Beet-root and other vegetables, whether eaten pickled or fresh, are hurtful; on the contrary, spicy pot-herbs, as sage or rosemary, are wholesome. Cold, moist, watery food is in general prejudicial. Only small river fish should be used. Too much exercise is hurtful. The body should be kept warmer than usual. Rain-water must not be employed in cooking."

"If it rain, a little fine treacle should be taken after dinner. Fat people should not sit in the sunshine. Good clear wine should be selected and drank often, but in small quantities, by day."

“Olive oil as an article of food is fatal. Equally injurious are fasting and excessive abstemiousness, anxiety of mind, anger, and immoderate drinking. Enema are advised. Bathing is injurious.”

“Every one should observe these rules, especially those who reside on the coast, or upon an island into which the noxious wind has penetrated.”

Should the Plague, now alarming Europe, call forth a declaration from the present Medical Faculty of Paris, it cannot fail, with all the “modern improvements” in science, to form an interesting contrast compared with the forgoing proclamation by their progenitors of 500 years ago.

It appears that more enlightened views were entertained by certain physicians outside of Paris, of whom was the celebrated teacher in Perugia, Gentilis, of Foligno, who, on the 18th June, 1348, fell a sacrifice to the Plague in the faithful discharge of his duties.

Attached to Arabian doctrines and to the universally respected Galen, he believed the Plague to be caused by a putrid corruption of the blood in the lungs and in the heart, which was occasioned by the pestilential atmosphere, and was forthwith communicated to the whole body. He thought, therefore, that everything depended upon purification of the air by means of large blazing fires of odoriferous wood in the vicinity of the healthy as well as of the sick, and also upon an appropriate manner of living.

He depended upon moderate bleeding and purging at the commencement of the attack for purposes of purification; ordered the healthy to wash themselves frequently with vinegar or wine; to sprinkle their dwellings with vinegar, and to smell often of camphor or other volatile substances.

He did not enter into the great controversies of the astrologers, but kept in view, as an object of medical attention, the corruption of the blood in the lungs and heart.

He believed in a progressive infection from country to country, according to the notions of the present day, and accepted the belief in contagion, which indeed was too palpable to admit of doubt.

In fact, correct notions of contagion have descended from remote antiquity, and were maintained unchanged by the better educated in the 14th century, notwithstanding Dr. Maclean's views that the doctrine of contagion was first promulgated in the year 1547 by Pope Paul III. So far back as the time of Plato, a knowledge of the contagious power of malignant inflammations was general among the people, and the terms used by the nations of antiquity, respecting the

contagion of pestilential fevers, are considered, beyond comparison, more expressive than those used among the moderns.

A total separation of the sick from the healthy, that indispensable means of protection against infection by contact, was proposed by physicians of the second century after Christ in order to check the spreading of Leprosy. But it was decidedly opposed because, as was alleged, the healing art ought not to be guilty of such harshness.

Isolation was practiced, as a rule, only where property and not human life was concerned, and they only made a general rule of arresting the progress of disease, *among cattle*, by a separation of the sick from the healthy.

Their herds alone enjoyed that protection, by isolation, which the masses held it impracticable to extend to human society, by reason of prejudices which the advice of their physicians failed to overcome.

Chalin asserts that many nunneries, by closing their gates, remained free from the contagion.

Of the astral influences which were considered to have originated the "*Great Mortality*," physicians and learned men alike were all as completely convinced in that age as of the fact of its existence.

A grand conjunction of the three superior planets, Saturn, Jupiter, and Mars which took place, according to Guy de Chauliac, on the 24th of March, 1345, was generally received as its *principal* cause, while the corruption of the fluids of the body was the *subordinate* cause of the Plague.

Guy de Chauliac was convinced of its contagiousness, and sought to protect himself against it by purging with aloetic pills, causing himself to be bled moderately, using treacle, purifying the air by fires, smelling volatile substances, &c, and he is supposed to have ordered Pope Clement VI. to isolate himself by the cordon of fires mentioned.

The treatment of plague-patients in Avignon was considered the most reasonable of any recorded, for, after the usual mild depletions by bleeding and aperients, where circumstances required them, they endeavored to bring the buboes to suppuration; made incisions into the inflamed boils, or burned them with actual cautery, which practice is said to have saved many lives.

It is stated that in this city the Jews, who lived in a state of the greatest filth, were most severely visited, as also were the Spaniards, whom Chalin accuses of great intemperance.

Galeazzo di Santa Sofia, a learned man, native of Padua, treated Plague patients at Vienna, and promulgated his views regarding the differences between *pestilence*, *epidemy*, and *endemy*.

He considered the putrefaction of locusts that had perished in the sea and were again thrown upon the shores, combined with astral and terrestrial influences, as the cause of the pestilence in the eventful years of the "*Great Mortality*."

Chalin de Vinario was considered the most *experienced* practitioner of those days, and is recorded to have been averse to the drawing of blood from the veins of patients under fourteen years of age, but counteracted inflammatory excitement in them by cupping, and endeavored to moderate the inflammation of the tumid glands by applying leeches.

All those who were bled copiously died. He, therefore, reserved this heroic practice especially for the Papal courtiers and hypocritical priests, whom he saw gratifying their sensual desires and imitating Epicurus, while they pompously pretended to follow Christ.

Michael Savonarola, professor in Ferrara, 1462, adopted the principle of contagion as the foundation of his definition of the Plague, as also did Valescus of Taranta, who, during the final visitation of the Black Death in 1382, practiced as a physician at Montpellier, and handed down to posterity what has been repeated on all treatises of the Plague written during the fifteenth and sixteenth centuries.

Four thieves, during the Plague at Marseilles, having carried on a thriving business robbing the bodies of victims without contracting the disease themselves, were liberated from prison and pardoned upon condition that they confess the means which insured them immunity from the contagion, and they confessed that they owed their safety to the free use of simple vinegar in which aromatic substances were dissolved, doubtless as disinfectants are now used.

The doctrine of contagion gradually attracted more and more notice, until its adoption was finally acted upon, but to such an extreme, that, in order to isolate a patient sick with Plague, it was common to barricade the doors and windows of the house and to suffer the inmate to perish without mercy, while the neighbors removed to a respectful distance.

Before the close of the fourteenth century, ere the ill effects of the Black Death had ceased, nations began to guard against the return of the disease by adopting sanitary regulations, the first of which was issued by Viscount Bernabo, 17th January, 1374, by which every Plague patient was at once to be removed out of the city of Milan into the fields, and those who attended the patient should remain apart, alone, for ten days before returning, under penalty of death and confiscation of property.

Bernabo's example was imitated from necessity, for when it broke out again in Italy in the year 1399, and still demanded new victims, it was for the *sixteenth* time, not including frequent visitations besides of small pox.

The Plague subsequently broke out *seventeen* times in different places in Europe during the *fifteenth* century, and the necessities and experience of the age in time developed the system of *quarantine*, or as then known, the "*forty days detention*," on islands sufficiently remote and supplied with medical attendants, who were restricted returning to the mainland.

* * * * *

The foregoing brief history shows that no nation is so remote from the present focus of the Black Death in Russia as to be entirely indifferent to its course.

It traveled in the centuries named from China to England and from Norway to Poland and over continental Europe, reappearing from year to year in various places as many as seventeen times.

Neither heat, cold or moisture retarded it or modified its ravages, it being quite as fatal in Greenland as along the shores of the Mediterranean.

The German and Austrian governments have, in conjunction with the Russian, adopted strict quarantine regulations, and are utilizing their armies along the frontiers to prevent individuals passing out of the infected districts and escaping beyond the Russian lines. But military cordons and quarantine regulations will not prevent the Plague, if it assumes the virulence of that peculiar to the fourteenth century, spreading over Europe, and thence to every country having commercial relations by sea.

It was formerly carried to England in a ship, and was carried out of England to Norway in another ship, and the same transportation of the disease is multiplied in its chances now in the ratio that the facilities of travel have improved since 1350.

On land, while military sentinels, posted within sight of each other may prevent fugitives from the infected districts crossing the line, these fugitives would be apt to give the soldiers the disease, and thus the very means used to arrest the Plague would cause its spread.

What may be accomplished by modern science in its *treatment* remains to be seen, but if no more *is* accomplished by medical skill when it comes to confront the Black Death than has been demonstrated by the late contest with the Yellow Death in the southern portion of our republic, then it will behoove each one to set his house in order and place his trust in Providence.

ILLUSTRIOUS EXAMPLES.

“The great bard of Greece, immortal Homer, praises the skill of Machaon, the surgeon in chief of the Hellenic host in strains no less rhythmical and classic than those which perpetuate the wrath of Achilles, the craft of Ulyses, the prowess of Hector, the beauty of Helen, and the constancy of Penelope. Æsculapius, by a grateful posterity, is translated to the gods because of his deeds as physician among men. And in the historic age we see Hippocrates, the revered of his nation, sought out, and his presence and skill solicited by the king, who was the life-long enemy of his country. But why go back to the time of classic Greece for examples to illustrate the esteem in which our profession is held? Van Swieten became not only the professional adviser of his empress, Maria Theresa, but was at the same time her trusted and confidential counsellor in matters not connected with medicine. And in our own country (and I hope you will permit one whose cradle was rocked upon the other side of the Atlantic, but who has striven to become one of you in fact, if not by birth, to make use of this term,) and in our own country, I say, we find a Benjamin Rush among the signers of the instrument which plucked the brightest jewel from Great Britain’s diadem and proclaimed thirteen of her colonies free and independent forever, thereby bestowing countless blessings upon all mankind. And we of to-day, of our own time and generation, have seen a Nèlaton gracing the Senate of the French Empire, a Rokitansky at the council-board of Austria, a Virchow the cherished and trusted leader of his party, whose parliamentary speeches are no less incisive and searching in the interest of freedom than his scalpel in pursuit of knowledge in the amphitheater of the pathological institute. The lives of Sir Astley Cooper, of Sir Benjamin Brodie, of Sir Henry Thompson, of Sir Jas. Y. Simpson, of Sir Jas. Clark, and a host of other English physicians and surgeons, elevated to the baronetcy for their professional acquirements, afford ample proof that the physician is not without honor even in his own country. But there is no need to select the *facile principes* of the craft; the sum of confidence, of love and affection, bestowed upon the faithful follower of medical art, the general practitioner whose breast becomes the receptacle of so many sorrows, whose heart shares so many joys with those who are entrusted to his care, by far outweighs the distinctions upon single prominent individuals and forges indestructible links between physician and patient.”—*Extract from address by C. H. A. Kleinschmidt, M. D., Prof. Physiology, Sec’y. Med. Soc., D. C., etc.*

SELECTIONS.

CONDENSED FROM CURRENT MEDICAL LITERATURE.

Medical Aphorisms.

THE following were picked out of Dr. Bartholow's *Materia Medica* by the *American Practitioner*, but in a less condensed form:

"Quinia performs its offices by means of its antiseptic powers; is an antiferment. It may produce permanent deafness. It arrests inflammation in its forming stage, and is excellent in scarlatina, variola and rubeola.

"Alkalies in the treatment of rheumatism are losing ground, and quinia, blisters and cold baths give better results.

"A solution of common soda, freely applied, will often remove bromidrosis from the feet and axillary glands.

"Numerous cases of spina-bifida have been cured by injection of tincture of iodine.

"Mercury increases the flow of bile, not by augmenting its secretion, but by producing reflex constriction of the gall-bladder, mechanically forcing out the bile.

"Spare women, by warm baths and inunctions of oil, may acquire flesh and roundness of form.

"Phosphorous is the best remedy for impotence. Oleum phosphoratum consists of twelve grains of phosphorous and one ounce of olive oil. Dose, five to ten drops.

"Fowler's solution, in drop-doses before meals, arrests the vomiting of pregnancy, and also the vomiting of chronic gastric catarrh from alcohol. Enteric diarrhoea is cured by arsenic.

"Permanganate of potash relieves the condition in which lumbar pain, frequently micturition, and urine with profuse brick-dust sediment and intestinal indigestion, are associated symptoms.

"Chloride of gold and sodium in $\frac{1}{20}$ grain doses, thrice daily, will relieve nervous dyspepsia; prevents decline of sexual power, cures sterility, and likewise weak and ineffectual erections and diurnal seminal emissions.

"Chloride of gold, in $\frac{1}{20}$ to $\frac{1}{30}$ grain doses, produces remarkable improvement in chronic Bright's disease.

“Digitalis possesses great utility in scarlet fever; it lowers the temperature, and maintains the action of the kidneys.

“Belladonna has real curative power in erysipelas, and without doubt has power to arrest lacteal secretion.

“Opium is the most important agent we possess in the treatment of various inflammations.

“Aconite is of the highest value in the eruptive fevers, especially in scarlatina. In idiopathic erysipelas we have no better remedy; and in cerebral and spinal meningitis, prior to effusion, aconite is as serviceable as in other inflammations.

“Acu-puncture is so decided in its relief of pain that some physicians contend that the anodyne effects of hypodermic injections of morphia are due to the water and not to the opiate. The injection of water, to be efficacious, must be near to the seat of pain.

“An ingenious use of bicarbonate of sodium to produce emesis applicable in narcotic poisoning; Sufficient soda is swallowed and immediately after a suitable proportion of tartaric acid is taken. Brisk effervescence ensues, thoroughly emptying the stomach.

“Arsenic may cure epithelioma; is useful in schirrus and palliative uterine cases.

“Eucalyptus, though an unequalled remedy in catarrh of the bladder, is a very inferior antiperiodic.

“Hydrastin stands next to quinia as an antiperiodic; is useful in all the conditions in which quinia is used, and is an excellent injection for gonorrhœa.

URETHRAL HEMORRHAGE.—Dr. Swasey, of New Britain, reported a case of profuse urethral hæmorrhage, over fourteen ounces of blood being lost, which was checked by the internal administration of ergot and the use of a sound of large calibre.—*Boston Med. and Surg. Jour.*

GRAVITATION IN ARM PRESENTATIONS.—A. G. Hobbs, M. D., of Ind., writes: I was called in haste to see Mrs. H——, a muscular woman, in her second labor. Upon arriving at her bed I found she had been having regular and severe pains for several hours, but they had entirely ceased shortly before my arrival. After sitting about fifteen minutes, she still having no recurrence of pains, I made an examination and found the right hand in the vagina. Had I then followed the precept of our text books I would have proceeded to

place my patient under chloroform, at least to the extent of analgesia, and then introduced my hand into the uterus and brought down the left foot—in short I would have performed podalic version. But I determined to try an experiment, one that would at least not do any injury, if it did not accomplish my purpose. I directed her husband to stand at her feet and raise her limbs and buttox straight up, as in the reduction of hernia. I then had the advantage of gravitation, and by pushing back the arm with the fingers of my right hand in the vagina, and by external manipulations with my left, in less than five minutes the arm was pulled back into the uterus and the head substituted in its place in the superior straight. After a short time natural pains returned, and she was delivered of a healthy boy within an hour after I entered the room.

I attribute the success of this method to the want of tonic contraction of the uterine walls, as the sequel proved, since she had considerable post-partem hemorrhage, which was soon checked by ergot and nux. vom., together with firm external pressure. My object in presenting this case is to remind obstetricians that other and less dangerous methods than "*turning*" will sometimes succeed. I do not claim that this method will always prove so successful; we should not expect it to do so when the walls of the uterus are firmly contracted, a condition of the uterus that we sometimes find when the pains have ceased and labor has been at a stand-still for hours. If we do not succeed by this method we have done no harm, and we can then resort to the *dernier*, "*turning*."—*Southern Med. Rec.*

DEATH IN A KISS.—The recent untimely death of the Princess Alice has brought into prominence certain facts in connection with diphtheria, of which she died, which would probably have been unheeded had the victim been less distinguished. It appears that the Princess was a martyr to a mother's love. Disraeli, (Beaconsfield,) with inimitable pathos, described to the British Parliament the manner of the royal mother's infection, and while touching the hearts of his hearers with the story, he drew attention to a very important fact in connection with contagiousness of the disease. The first member of the family who contracted the disease was the Princess Victoria, aged sixteen. She was taken with it on November 6th, between which date and the 14th six other members of the family were infected. The Grand Duchess (Princess Alice) and her daughter, Princess Elizabeth, alone of all the family, escaped the first attack of the disease on the household. As each member was attacked, scrupulous

care was taken to avoid contact with the other members of the family. As long as these precautions were observed the disease was confined to those originally infected—not another member of the household, sixty in number, being attacked. In the case of the Princess Mary, aged four, the result was fatal, and it was in her grief that the Princess Alice disobeyed the injunctions of the physicians, embraced her dying child, and contracted the disease which took her off.

The lesson of this pathetic event is too obvious to be misunderstood, although it is daily disregarded. Physicians cannot too rigidly insist on the suspension of the habit of kissing during the prevalence of diphtheria. It cannot be doubted that many of the sore throats which are seen during such prevalence, although not distinctly diphtheritic, are, nevertheless, of that nature, and are capable of being the foci of infection through kissing.—*Mich. Med. News.*

ARSENICAL POISONING—DIALYZED IRON.—Dr. Crenshaw, of Richmond, Va., reports in *So. Clinic* two cases of arsenical poisoning, in which, having emptied the stomach of the bread containing the poison, followed the emesis with teaspoonful-doses of dialyzed iron in about a wine-glass full of water every half hour. Both patients recovered.

The rapidity of recovery in these cases speaks volumes in favor of dialyzed iron in the treatment of arsenical poisoning. The quantity of arsenic incorporated with the bread which these children had baked and eaten was one teaspoonful, and though it is true that much of the bread was vomited undigested, yet from the quantity of the yellowish liquid vomited along with the bread, and the severity of the symptoms, a considerable quantity of the arsenic must have come in contact with the mucous membrane of the stomach.

“I was induced to use the dialyzed iron because of the facility with which it could be procured—not more than five minutes elapsing between the writing of the prescription and the administration of the first dose. In the treatment of such cases time is everything, and that lost in preparing the ordinary antidote might have cost the life of one or both these patients. That dialyzed iron, in addition to its other virtues, is an antidote for arsenical poisoning I have no doubt.”

NASAL POLYPUS—HYPODERMICS.—Dr. J. A. Henning, Jay county, Ind., writes: Last June a young lady, aged sixteen years, applied to me for treatment. She informed me that a tumor had been growing

in her right nostril for nearly one year, and was getting larger and nearly closing the nostril, so much that she could scarcely breath through it at times. Upon close examination I found a tumor or polypus the size of a large hazelnut half an inch up the right nostril, sprung from the pituitary membrane, through an aggravated follicle. It was about the color and consistence of a mollusk, and exuded, when slightly squeezed, a limpid serosity. But commonly it had a glistening appearance. The patient informed me that it would apparently get better and worse, but mostly on account of taking frequent cold; otherwise the patient was well.

Treatment—I first concluded I would cut it out, but, after reflecting, I pursued the following course; I mixed carbolic acid, one part; glycerine, four parts; and injected twenty drops at bottom of tumor with hypodermic syringe—this is all I did. In one month every vestige of the polypus was gone, and the patient pronounced herself cured, and is still well at this writing, now about five months.—*Med. Brief.*

LOCAL TREATMENT OF ECZEMA.—Dr. Piffard, Professor of Dermatology in the New York University, in a recent article on this subject, advises the hypodermic injection of aseniate of sodium into patches of infiltrated eczema. He uses solutions of one-fifth, one-half, and one per cent. For a single patch of moderate size a single injection of five to ten minims of the one per cent. or one-half per cent. solution is made. If the patch is larger, or if there are several of them, the weaker solutions are employed, and two or more punctures made in the larger patches or distributed among the smaller ones. The injections are to be repeated at intervals of two or three days. He has seen no undue reaction from them. Another method employed by him to reduce infiltration is the application of some of our native "acro-narcotics" to the affected parts. Among these hydrastis and its derivative occupy in his opinion the first rank, and next in usefulness the iris versicolor. Of the latter he makes a tincture from the root, and rubs this up with simple ointment until the alcohol has evaporated. By these means he believes the absorptive function of the capillaries is stimulated.—*Boston Med. and Sur. Jour.*

NEW METHOD OF DISINFECTION.—The *Scientific American* states that M. Boschau has devised a method of disinfection based on the continuous and economical production of ozone by means of manganese dioxide, which is of timely interest. Ordinary light brown wrap-

ping paper is thinly covered with size, and on the latter the pulverized dioxide is sifted, so that it forms an adherent layer. It is merely necessary to hang the sheets thus prepared in the apartment to be disinfected or aerated. M. Boschau states that he lined a trunk with paper thus prepared, and placed therein some old cheese and strong radishes, which he left in the receptacle for a fortnight. At the end of that period the materials were removed and the lid of the trunk quickly shut. Fifteen minutes afterward, on opening the trunk, not the slightest odor was perceptible, the ozone given off by the dioxide having completely disinfected the carbonic and butyric acids produced. The inventor proposes to manufacture wall-paper, prepared in an analogous manner for use in schools, hospitals, etc.

TREATMENT OF SYPHILIS.—K. V. Mosengeil finds the duration of syphilis much less with out-of-door treatment than in hospital, and this he ascribes to the much greater metamorphosis of tissue that takes place from better diet, more drink, and more exercise. He treats his patients by rubbing in fifteen grains of ung. hyd. per diem, and subsequently iodide of potassium ointment; keeps the patient from twenty minutes to one hour in a warm bath, making him at the same time drink hot tea. If the patient have an appetite, he is allowed to eat steaks, eggs, sausages, and to take some wine and beer. He is now wrapped up and made to sweat for several hours, when a cold douche is applied and friction practised. The patient is then allowed to pursue his avocation; is shampooed and permitted to dine. Iodide of mercury is then prescribed in small quantities for a few days, and if any glandular enlargements occur they are removed by friction. He finds that relapses rarely occur.—*London Practitioner*.

OVARIOTOMY SUPERSEDED.—A proposal has been brought before the Paris Academy of Sciences by M. Tripier to establish a fistula between the cavity of an ovarian sac and the exterior. He has tried it in one case with success. The interior of the sac can in this way be washed out or treated with iodine injections or cauterized. He has used injections of iodized water daily. The galvanic-caustic is used to establish the fistula. This operation is less formidable than ovariectomy, and can be easily carried out, but, of course, is not devoid of danger; but it may be applicable in cases where gastrotomy is refused or inapplicable. With regard to injections they should not be too strong. We may point out that death from poisoning by iodine has been recorded where the drug was injected. This

operation may be compared with electrolysis for ovarian dropsy.
—*The Doctor.*

HÆMOPTYSIS NOT ALWAYS SERIOUS.—Not a long time ago it was a prevalent doctrine that bleeding from the lungs was only a sure precursor of death, which sooner or later took place. Gradually such a notion has been giving way before a more enlightened experience. If it is the consequence of tubercular abscess, then, indeed, it may be regarded very justly as a bad sign; but if independent of a serious constitutional disease of the lungs, it is comparatively trivial. Dr. Sokalowski, in the *Berlin Klin, Wochenschrift*, relates his observations of eight cases of hæmoptysis produced by mechanical causes in persons of good health and strength, all of whom except one readily recovered from its effects. The symptom which continued longest was cough. If the hæmoptysis was brought about by occupation or habit, it is recommended by Dr. S. that it be abandoned. Avoid the cause, and all will be well.

DIET AND LONGEVITY.—A thoughtful person in Medina, O., has practised with increasingly beneficial results the following interesting and economical experiment in dieting: For breakfast, fine graham gems with butter; no inconvenience followed—cost, three cents. Dinner, one-fourth pound rice, one ounce each of sugar and butter; a good meal—cost, five cents. Supper, one-fourth pound of corn-meal, one-half pint milk—cost, three cents. Water q. s. Total day's cost, eleven cents. For a change, he suggests one gill of beans, which, by the quart, cost less than half a cent. He claims to work hard, eats nothing between meals, is renewing his youthfulness, and only dreads the lonesomeness to be experienced by living to a very great age.—*Sanitary Jour., Toronto.*

OBSTINATE EPISTAXIS—LIGATION OF THE THIGHS.—M. Blondeu reports the case of a gouty subject who had an attack of epistaxis, in which nearly two quarts of blood were lost, and which ceased only on the occurrence of syncope. Eight days later a second attack occurred. Injections of cold water containing perchloride of iron were first tried in vain, and a ligature was then applied tightly to the middle of the thigh. The hemorrhage ceased almost immediately, but reappeared on the following day shortly after the ligature had been removed. The ligature was again applied with equal success, but its removal was again followed by recurrence of the epistaxis.

The treatment was, however, persevered in, and finally, after several days, the hemorrhage ceased completely.—*Gaz. des Hop.*

DIPHTHERIA.—Dr. W. W. Carpenter, Cal., writes:—Seldom does the cure of a case of diphtheria require more than the following, to wit: R. Acid sulphurous, 5 drachms; sol. pot. chlor. sat., ad. 8 ounces. M. Sig. dessertspoonful every hour or two. I mean ac. sulphurosii, not sulphuric, as the types made me say in my article on cholera. In my experience there seldom exists ulceration in diphtheria; nothing but the thick yellow or black exudative membrane. When ulceration exists under the membrane I add to the above prescription iron and glycerine, as follows: B. Ac. sulphurosii, 4 drachms; tinct. ferri mur., 3 drachms; glycerine, 1 ounce; sol. pot. chlor. sat., 4 ounces. M. Sig. dessertspoonful every hour or two.—*Med. Brief.*

ASTHMA—IODIDE OF POTASSIUM SPRAY.—Dr. Evard, of Orsennes, has obtained very satisfactory results, in a severe case of asthma, from the use of a spray of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment was begun he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days the asthmatic attacks had almost entirely ceased. Eighteen months have elapsed since then, but the patient continues to use the spray, and the attacks have not recurred. The strength of the solution used was one to twenty. The periods of inhalation were short, but frequently repeated.—*Bos. Jour. of Chem.*

WHOOPIING COUGH—DIPHTHERIA—PICRATE OF AMMONIA.—Dr. Dellenbaugh thinks he can most safely affirm that, if properly administered, the picrate of ammonia is a specific for the cure of whooping cough. He gives to babies from one-sixteenth to one-twelfth grain; and to children, from one-twelfth to one-eighth grain every three hours. In one case of diphtheria he has also used picrate of ammonia as a gargle (gr. viij to oj) and by atomization. The solution of picrate produced a yellowish staining of the parts in such a way that he was inclined to believe a destruction of the micrococci ensued, and a speedy cure of the disease was the result. It, of course, will be advisable to detach thick exudations so that the picrate of ammonia solution can come in direct contact.—*Virginia Med. Monthly.*

NEW TREATMENT OF TAPEWORM.—From the results of numerous experiments, M. Bouchut had ascertained that not only ascarides, but fragments of *tænia*, when placed in a weak alcoholic solution containing one thirty-fifth of amylaceous pepsine, are digested by the fluid in the course of twelve hours. We thus obtain an artificial digestion of the animal matter exactly similar to that which ensues when meat is treated by the same process. On submitting the conclusion drawn from his experiments to the test of practice at the *Enfants Malades*, M. Bouchut found that the solution of pepsine was eminently successful. If his experience be confirmed a valuable addition will be made to adult as well as infantile therapeutics. In conclusion, we may observe that animal food is, almost certainly, the channel through which the parasite is conveyed; and hence that official inspection of suspected dealers in meat would form a useful adjunct to the practice of the physician.—*Louisville Med. News*.

SOLUBLE MEDICATED INTRA-UTERINE PENCILS OR BOUGIES.—By the use of these pencils, for the treatment of chronic diseases of the womb, it is confidently believed that the physician will be greatly assisted in the treatment of this difficult and annoying class of diseases. Their action is very simple. Being made of gelatine and glycerine, they readily melt at the temperature of the body, while at the same time they are sufficiently firm and elastic to be easily introduced into the uterus with the ordinary uterine forceps. Being medicated as they dissolve, the medicine is slowly and thoroughly brought into contact with the diseased membrane, and thus exerts a most beneficial influence on the parts from its thorough and long-continued action. These pencils are in the shape of a short bougie, about the diameter of a goose quill, and are prepared medicated as follows: Sulphate zinc, 1, 2, 4, and 6 grs. each; iodoform, 2, 3, and 5 grs. each; carbolic acid, 1, 2, and 4 grs. each; sulphate zinc, 2 grs.; carbolic acid, 1 gr.; ergotin, 5 and 8 grs.—*Southern Clinic*.

TANNIN AS A MEDICAL AGENT.—There is no astringent in the *materia medica* so useful and so extensive in its application to the treatment of various diseased conditions as tannin. We annex a few formulas which will be found convenient and efficient for the purposes named in menorrhagia R. Tannin, grs. xx; opium, grs. iv; ipecac, grs. v. M. Divide in powders—10. Take one every two or three hours. The same is useful in the hemorrhage of abortion and other forms of hemorrhage. Night Sweats. R. Tannin, grs. ij; opium, gr. i. M. One pill to be taken at bed-time. Another excellent

remedy for night sweats, uterine hemorrhage, or colliquative diarrhœa: R. Tannin, grs. xx; pulv. oppi, grs. v; pulv. ergot, grs. xv; loaf sugar, grs. xxx. Triturate and divide into ten powders. Give one every two to four hours.—*Southern Med. Record.*

WOUNDS—TINCT. BENZOIN.—The most simple application for sealing up wounds is the old-fashioned tincture of benzoin, and it is the most successful. By it nearly all fresh wounds heal rapidly, while they do not do so under watery and fatty dressings. Tincture of benzoin has a remarkable property of uniting tissues and combining with blood. It is antiseptic, and, assisted by cotton-wool pads of lint and firm bandaging, will arrest hemorrhage from all vessels less in size than the radial artery. Non-recent wounds which suppurate it is not desirable to heal by adhesion. The most important item in the treatment of these is ventilation with as pure air as possible. None but the most evil results follow the application of waterproof materials, such as oiled silk and gutta percha tissue over the dressings. Such wounds invariably stink and slough; the wound is made unduly hot, products of decomposition are retained, the surface has a grayish grunous aspect, and loses substance daily. A simple piece of lint or muslin covered by cerate, or dripped in lotions of Condyl's fluid, (1 to 40,) or tincture of myrrh and water, (1 to 20,) spirit and water or weak carbolic acid lotion, (1 to 60,) with just a layer of bandage to retain the dressing in its place, is all that is necessary, save a daily syringing and washing with warm Condyl's fluid and water.—*Mr. Philip Cowen, Braith Ret., No. 77.*

STRYCHNIA NOCTURNAL ENURESIS.—Dr. Kelp, according to the *Medical Times and Gazette*, has obtained success in obstinate cases of this troublesome affection by the hypodermic injection of the nitrate of strychnia. He inserts in the vicinity of the rectum a single very small dose, sufficing to arrest the malady for a time. When it returns, the injection is to be repeated. His last case was a woman, aged eighteen, previously in excellent health, who had suffered from enuresis during several months consecutive to scarlatina. The first injection procured her a respite for several nights, after which the treatment was repeated, and the cure became complete.—*Med. and Surg. Rep.*

MALARIAL FEVERS—ALKALOIDS OF CINCHONIA WITH MORPHIA.—Dr. Lewis, of Menoir, Tenn., noticed that patients who received morphia with quinia, recovered with greater rapidity than those who did not

take the opiate, and that a ten-grain dose of quinia combined with a third of a grain of morphia would break up an intermittent attack with far greater certainty than would twenty grains of quinia alone. By a combination of the cinchonia alkaloids with opium a much better effect is obtained, a paroxysm being aborted with much more certainty, and a much earlier and more complete cure insured. Only half the amount of quinia or cinchonia is required.—*Med. Times, Phila.*

HOARSENESS—BORAX AND NITRATE OF POTASSIUM.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly becomes lost, but which by these means can be recovered almost instantly. A little piece of borax, the size of a pea, is to be slowly dissolved in the mouth ten minutes before singing or speaking; the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Medicale.*

TRANSFUSION OF MILK.—Dr. Brown-Séquard stated, at a meeting of the Société Biologie, that he had used normal blood, blood without its fibrine, and milk for transfusion, and found the results to be the same, except that more milk was required than blood. In an experiment ninety-five grammes of blood were drawn from a dog, and were replaced by the same amount of milk. In about forty-five minutes no trace of milk globules could be found in the blood, and the dog has continued in excellent health ever since the operation, (five months ago.) Dr. Brown-Séquard thought the liquid should be at a temperature of 10° to 12° C.—*Hosp. Gazette.*

SYPHILITIC ULCERATION—SIROP-GIBERT.—*R.* Red iodide of mercury, grs. xvss; iodide of potassium ʒj ʒv; distilled water, f. ʒj f. ʒvj. *M.* Dissolve and filter, then add simple syrup until the whole measures fifty fluid ounces. The dose of this is a tablespoonful containing one seventh of a grain of the red iodide of mercury, and seven and three-quarters grains of the iodide of potassium, which may be given three times a day. This preparation, says Dr. F. F. Maury, Philadelphia Hospital, has never known to salivate a patient, and is the best form of administering mercury in chronic syphilitic taint.—*Med. and Surg. Rep.*

CARBOLIC ACID IN TYPHOID FEVER.—Dr. Tempesti sums up in the following conclusions:

1. Carbolic acid may be a remedy of much value in cases of typhoid fever in which death is threatened, (the putrid state of old writers,) and is worthy of being subjected to clinical research.

2. The dose must be sufficiently high, (half a drachm or a drachm daily in ordinary drink or in abundance of water.) Small doses, perhaps in consequence of the nervous stupor which prevails in typhoid fever, are of little or no therapeutic efficacy.—*London Med. Record*.

CROUP—ATROPIA.—The sulphate of atropia in a one-per-cent. solution has been used with success in the treatment of a case of croup, which threatened a fatal termination. Dr. De Pontenes of Antibes, reports in *L'Union Medicale*, that in the third day of the attack, death seemed inevitable, medication having failed of benefit, the epigastrium was retracted, the face and neck swollen and purple. Three drops of the solution was injected on the left side of the neck, on a level with the pneumogastric; there was improvement in a few moments. In four hours the dose was repeated. Amelioration was decided and in a few days recovery was complete.

BRIGHT'S DISEASE—JABORANDI.—Dr. John Bryson has used jaborandi with much success in the treatment of uræmia, and in chronic and acute parenchymatous nephritis. He commences with doses of x. m. of the fluid extract, which is increased as the drug commences to lose its effects. It is given on the hypothesis that it promotes the excretion of urea through the skin, but as it is by no means certain that the so-called uræmic phenomena observed in renal disease are due to the presence of urea in the blood it is possible that the theory upon which jaborandi is given may be false.—*Courier of Medicine*.

TYPHOID FEVER—SALICYLIC ACID.—Dr. Upshur, of Richmond, first used salicylic acid in a case of typhoid fever, occurring in a colored boy aged eighteen years. The temperature ranged from 102° F. to 103 5°; the headache was most excruciating, and unaffected by full doses of quinia or any other remedy, the patient being more or less comatose. Salicylic acid (grs. x) in a saturated solution of phosphate of soda was given every two hours for two days, and continued for a week at lengthening intervals, till given only three times a day. The result was a most marked relief of the cephalalgia and reduction of temperature one and a half or two degrees.

HYPODERMIC INJECTION OF MORPHIA.—Dr. H. Gibbons sums up, in the *Pacific Med. and Surg. Journal*, his views of the proper use of the hypodermic injection of morphia, as follows:

1. Avoid it in congestion and inflammatory conditions of the brain.
2. Avoid it in pulmonary congestion, and where dyspnea is not the result of spasm.
3. Avoid it in acute inflammatory affections of the heart and pericardium.
4. Avoid it in high febrile excitement.
5. Avoid puncturing a vein.
6. Avoid a deep puncture, unless there is a special purpose to be accomplished by depositing the narcotic deep in the tissues.
7. Introduce the liquid slowly and not by sudden projection.
8. Require the patient to lie down and remain quiet after the operation.

I may add, it is the remedy, par excellence, for the paroxysm of spasmodic asthma from whatever cause.

VAGINISMUS AND IRRITABLE URETHRA.—Dr. Bedford Brown mentions cases of vaginismus occurring in his practice, which he has relieved in a short time by the application of pure concentrated carbolic acid over the entire surface of the ostium, the vagina, and the os uteri, in this way obtaining the permanent sedative action of this agent on these surfaces, thereby effectually destroying this state of hyperaesthesia in a number of cases of vaginismus and irritable urethra.—*Med. and Surg. Brief*.

CONGESTIVE CHILLS—BELLADONNA HYPODERMICS.—Dr. T. W. Rankin gives the history of cases of "congestive chills" in which the heart's action was stimulated and reaction was established by the hypodermic injection of tr. belladonna, in three cases, and fl. ext. belladonna in one case. The doctor's plan was to inject ten drops of the tincture, repeating at short intervals, (every fifteen minutes,) until the pulse became distinguishable. The patients were unconscious, and unable to swallow.—*Ohio Med. Recorder*.

EARACHE—CHLOROFORM VAPOR.—At a recent meeting of the Medical Society of the District of Columbia Dr. James E. Morgan stated, during a discussion on otitis, that he had often promptly relieved the distressing earache of children by filling the bowl of a common new clay-pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external

canal, and adjusting his lips over the bowl, blew through the pipe—forcing the chloroform vapor upon the tympanum.

Dr. J. Ford Thompson had also accomplished the same relief upon similar principles.

ERGOT IN DIABETES INSIPIDUS.—Prof. Da Costa, in a recent clinical lecture on the diabetes insipidus, (*Hospital Gazette*), prescribed ergot in half drachm doses of the fluid extract and three times a day. He was led to do this from the favorable result following the use of this drug in two previous cases. In these cases there was at once apparent decrease in the quantity of urine passed daily. The remedy was increased to two drachm doses, and the urine fell from ten pints to six pints, and finally to three.

PURGATIVE MILK.—In his book, “*Le Lait, la Creme, et le Beurre*,” M. Husson calls attention to Planche’s formula for purgative milk, a cathartic which has the advantage of being easy to take and certain in action: R. Resinæ scammoniae, grs. vj; sacch. alb., 3 ii ss; triturate and add gradually. Lactis puri, 3 vi; aq. laurocerasi, m xlv. M. Sig. A single dose for an adult.—*N. Y. Med. and Surg. Brief*.

PREVENTION OF SEA-SICKNESS.—On this a correspondent writes to the *Medical Times and Gazette* that this disagreeable complaint could be quickly relieved, and indeed prevented, by simply buckling firmly round the waist a gentleman’s common elastic belt, so as to make some pressure on the epigastrium or pit of stomach; or, if in want of the belt, a small shawl, or even a strong silk handkerchief, folded up flat to about three or four inches wide, would answer the purpose.—*Sanitary Jour., Canada*.

WHOOPIING COUGH.—M. Dervieux gives the following formula: Extract of aconite, .05 grammes, $\frac{1}{4}$ grain nearly; cherry-laurel water 4.00 grammes, 1 drachm nearly; syrup of ipecac, 3.00 grammes, $\frac{3}{4}$ drachm nearly; mucilage, 200.00 grammes, 6 $\frac{1}{2}$ ounces nearly. This is given as soon as the characteristic cough presents itself in doses of a teaspoonful every hour to young infants; two teaspoonfuls to those more than three years of age.—*Canada Lancet*.

GLEET.—Of late months I have undergone a change of opinion in the matter of the treatment of gleet. I now think that there is nothing in the world so good as the introduction of nickel-plated conical bougies and the simple overstretching of the inflamed parts.

Before proceeding to use an instrument of this sort, however, it is necessary in all cases to measure the normal calibre of the rest of the urethra, so that you may be guided in the selection of a bougie of the proper size.—*Prof. Gross, in Medical Record.*

PROPYLAMINE IN CHOREA.—Dr. Purkhauser recommends propylamine as a prompt and effective remedy for chorea. He claims that it effects a cure in three or four days; relapses are cured in one or two days. He gives it in doses of from 15 to 20 grains per diem; this quantity is dissolved in four ounces of water and one ounce of syrup, and a spoonful is administered every hour.—*Le Mouv. Medicale.*

LACTOPEPTINE IN CONSTIPATION.—Dr. J. Howard, Wis., writes: I have had many cases of constipation among infants, who aside from the constipation seemed perfectly healthy. I have advised enemata and laxative doses of manna, etc., to be used until the difficulty righted itself. Lately I have used lactopeptine with good results. I give it in breast milk in doses of five grains to a child from four to six months old. Given twice daily, for a short time, it soon helps the digestive organs to do their work properly and the constipation ceases.—*Med. Brief.*

SICKNESS OF PREGNANCY.—Dr. F. E. Image, in the *Practitioner*, sustains Sir J. Y. Simpson, who introduced oxalate of cerium, and prescribed it in *ten grain* doses, and charges failures of this drug to arrest nausea of pregnancy to too small doses. He advises the first dose before the patient rises in the morning, and repeats every three or four hours during the day and evening. If there is uterine irritation, he combines the oxalate of cerium with bromide of potash—ten grains of the former to thirty of the latter at similar intervals.

FURUNCULAR ERUPTIONS. R.—Extract of fresh arnica flowers, 10 gm.; honey, 20 gm.; powd. althæa root, q. s. Mix the extract and honey, and add enough powd. althæa root to produce a tough but still adhesive paste. This is spread upon waxed linen or other fabric and applied two or three times; it prevents suppuration.—*Dr. Plunat.*

PRURITUS VULVÆ.—Dr. E. B. Stevens, in the *Obstetric Gazette* for October, recommends the application of sulphurous acid, full strength, in cases of pruritus vulvæ.

HEMORRHAGE FOLLOWING ABORTION.—Dr. Boiters, of Berlin, dilates the cervical canal, injects a 3 per cent. solution of carbolic acid, and then goes over the whole of the inner surface of the womb thoroughly with Simon's spoon, after which the carbolic lotion is again injected. This method is claimed to be not only innocuous, but especially valuable in cases in which the uterus and surrounding tissues are in a condition of inflammation, and in which the uterus is bound down by adhesions.—*Canadian Jour. Med. Sc.*

NEW TEST-PAPER.—M. Lacour, an army pharmacien, prepares this by adding to rhubarb double its weight of liquid ammonia, which produces a magnificent red-purple. After a quarter of an hour the liquid is separated by filtering, and strips of filter-paper dipped in it are then dried. Under the influence of acids the paper becomes a lemon-yellow, and with alkalies it regains its former color. It is a very sensitive test.—*Rev. de Med. Mil.*

CHLORYMAL.—Dr. G. B. Sanford recommends, in the *N. Y. Medical Record*, the following combination as safer and more satisfactory than chloroform uncombined: R. Squibb's chloroform, 1 pound; nitrate of amyl, 2 drachms. It is advised that the nitrite of amyl be diminished in long and tedious operations, and if it be found necessary, to vary the proportions, the point aimed at being to use just sufficient to counteract the paralytic effect of the chloroform.

DYSPEPSIA—CHLOROFORM.—Dr. S. E. Wills writes: In that form of Dyspepsia attended with rapid fermentation of food and evolution of gas soon after a meal no remedy gives such relief as chloroform—15 to 20 drops in a little sweetened water. It expels the gases from the stomach in a few minutes, arrests fermentation promptly and without any unpleasant effects.—*Med. Brief.*

INVETERATE EPILEPSY—ERGOT AND BROMIDE SODIUM.—Prof. Banduy, Mo. Med. Col., gives a case in the *Cin. Lancet and Clinic* of epilepsy, which had persisted for sixteen years, cured by giving, three times daily, twenty grains of bromide of sodium with half a drachm of Squibb's fl. ext. ergot. The patient continued the medicine faithfully for a year and a half, and nearly four years have elapsed without the recurrence of a fit.

PARACENTESIS PERICARDII.—Several successful cases of paracentesis of the pericardium have been reported in Europe and America, so that the operation has come to be regarded as a perfectly legitimate

and favorable one in certain cases. A small aspirator needle is generally used, and no difficulty has been experienced in the operation. The needle is introduced in the fifth intercostal space, nearly in the position of the normal apex-beat.

LICHEN URTICATUS.—Milk of sulphur, 2 oz.; hyposulphite of soda, 1 oz.; dilute sulphuric acid, $\frac{1}{2}$ oz.; gelatine or patent size, 2 lbs., to be well mixed with a pint of warm water and added to a tepid bath, in which the patient should remain an hour twice weekly.—*Can. Jour. Med. Sc.*

THUMB-SUCKING AND IRREGULAR TEETH.—Dr. Chandler states that there is no cause so productive of malformation of the bones of the mouth and irregularity of the teeth as the habit of thumb-sucking during infancy, the different positions of the thumb giving rise to different kinds of deformity.—*Can. Jour. Med. Sc.*

DELIRIUM TREMENS.—Chloral hydrate still continues to be used with great success in the treatment of delirium tremens. Dr. Farrar in the *Brit. Med. Journal* for January, 1878, speaks in the strongest terms of its beneficial effect after the failure of the opium treatment.

OBITUARY.

Dr. John C. Riley died February 22, 1879, aged 51 years, at 1407 New York Avenue. At a special meeting of the Medical Society, D. C., February 24, the president, Dr. D. R. Hagner, pronounced an impressive exordium, followed by Drs. King, Johnston, Busey, Ashford, and Antisell. Dr. Riley was educated at Georgetown College, graduated in 1851, and succeeded his father in the chair of *materia medica* in the National Medical College, and was also dean of the college. He was a member of the Medical Association, the Medical Society of the District, and the American Medical Association. He was the only surviving member of the committee to revise the American Medical Pharmacopœia, was a commissioner of pharmacy for the District of Columbia, and consulting physician at the Providence Hospital, the Central Free Dispensary, and the Eye and Ear Infirmary.

NATIONAL Medical Review.

WALTER S. WELLS, M. D.

Editor.

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Jalape. Pulv., 1 gr. } { Hydragr. Chlor. Mit., Pulv., 1 gr. } { Gambogin., Pulv., 1-4 gr. } Cathartic Comp. (Improved). { Ext. Coloc. Comp., Pulv., 1-3 grs. } { Ext. Jalape., 1-8 gr. } { Podophyllin., 1-8 gr. } { Leptandrin., 3-8 gr. } { Ext. Hyoscyami., 1-4 gr. } { Ext. Gentianae., 1-2 gr. } { Ol. Menth. Pip., 1-2 gr. } Ch'auldine., 3 grs. Chaconia Sulphat., 1, 2, 3, and 5 grs. Chaconidine, Sulphat., 1, 2, 3, and 5 grs. Copalbe, U. S. P., 3 grs. Digitalin., par., 1-60 gr. Dinner (Lady Webster). { Pulv. Aloes Soc., 2 grs. } { Pulv. Gum Mastich., 1-2 gr. } { Pulv. Rose Gallicae., 1-2 gr. } Elateri (Clatterbuck's), 1-10 gr. Emmenagogue. { Ergotin., 1 gr. } { Ext. Hellebori Nig., 1 gr. } { Aloes Soc., 1 gr. } { Ferri Sulph. Exsic., 1 gr. } { Ol. Sabine., 1-4 gr. } Ergotin., 3 grs. Extracti Belladonn., 1-8, 1-4, and 1-2 gr. Extracti Cannabae Indice., 1-2 gr. Extracti Cocae., 1 and 2 grs. Extracti Colocynth Comp., U. S. P., 1-2 and 3 grs. Extracti Guaranae., 3 grs. Extracti Hyoscyami., 1-3 and 1 gr. Extracti Nucis Vomicae., 1-4 and 1-2 gr. Extracti Sumbul., 1 gr. Ferri Citrate., 2 grs.	Ferri Citrat. et Strychnin. { Ferri Citrat., 2 grs. } { Strychnin Citrat., 1-50 gr. } Ferri Iodidi (Blancard's Formula), 1 gr. Ferri Phosphat., Quinae et Strychnin. { Ferri Phosphat., 2 grs. } { Quinae Sulph., 1 gr. } { Strychnin Sulph., 1-60 gr. } Ferri Proto-Carbonat. (Vallet's Mass), 2, 3, and 5 grs. Ferri et Quinae Citrat., 1 and 2 grs. Ferri et Quinae Citrat. et Strychnin. { Ferri et Quinae Citrat., 2 grs. } { Strychnin Citrat., 1-50 gr. } Ferri, Quinae et Strychnin. { Ferri Redact., 1 gr. } { Quinae Sulph., 1 gr. } { Strychnin., 1-60 gr. } Ferri Redact. (Quevennen), 1 and 2 grs. Ferri Turinat. et Potassil., 1 gr. Ferruginous (Bland). { Ferri Sulph., 1 gr. } { Potass. Carb., 1 gr. } Hydragryi, U. S. P., 1-2, 1, 3, and 5 grs. Hydragryi, Chlor. Corrosiv., 1-12, 1-30, 1-30, 1-40, and 1-53 gr. Hydragryi, Chlor. Mit., 1-2, 1, 2, 3, and 5 grs. Hydragryi, Iodidi Rub., 1-16 and 1-25 gr. Hydragryi, Iodidi Virid., 1-2, 1-4, 1-8, 1-5, and 1-6 gr. Iodoform., 1 gr. Iodoform et Ferri. { Ferri Redact. Quevennen., 1 gr. } { Iodoform., 1 gr. } Ipocae et Opli. (Pulv. Doveri) U. S. P., 1-2, 2, and 5 grs. Leptandrin., 1-4, 1-2, and 1 gr. Morphin., Aconitae., 1-4 and 1-8 gr. Morphin., Sulphat., 1-4, 1-6, 1-8, 1-10, 1-16, 1-30, and 1-32 gr. Morphin., Valerianae., 1-8 gr. Neuralgie (Dr. Gross'). { Quinae Sulph., 2 grs. } { Morphine., 1-30 gr. } { Strychnin., 1-30 gr. } { Acid. Arsenoi., 1-20 gr. } { Ext. Aconiti., 1-2 gr. } Neuralgie (Dr. Gross'), without Morphine. Neuralgie (Brown-Sequard's). { Ext. Hyoscyami., 2-3 gr. } { Ext. Conii., 2-3 gr. } { Ext. Ignat. Amarae., 1-3 gr. } { Ext. Opli., 1-3 gr. } { Ext. Aconiti., 1-3 gr. } { Ext. Cannab. Ind., 1-4 gr. } { Ext. Strauon., 1-5 gr. } { Ext. Belladonne., 1-6 gr. } Opli. Pulv., 1-8, 1-4, and 1-2 gr. Opli. Extracti., 1, 1-2, and 1-4 gr. Opli. et Plumbi Acetat. { Opli. Pulv., 1-2 gr. } { Plumbi Acet., 1-12 grs. } 2 grs. Opli. U. S. P., 1 gr. Opli. et Camphore., { Opli. Pulv., 1 gr. } { Camphore., 2 grs. } Opli. Camphore et Acid. Tannicil. { Opli. Pulv., 1-4 gr. } { Camphore., 1 gr. } { Acid. Tannic., 2 grs. } Pepsin., 1-2, 2, and 5 grs. Pepsin et Bismuthil. { Pepsin., 2 grs. } { Bismuth., Sub. Nit., 3 grs. } Phosphori., 1-20, 1-25, 1-50, and 1-100 gr. Phosphori Comp. { Phosphori., 1-60 gr. } { Ext. Nucis Vomicae., 1-4 gr. }	Phosphori Comp. { Phosphori., 1-100 gr. } { Ext. Nucis Vomicae., 1-4 gr. } Phosphori et Ferri. { Phosphori., 1-100 gr. } { Ferri Redact., 1 gr. } Phosphori, Ferri, et Nucis Vomicae. { Phosphori., 1-10 gr. } { Ferri Phosphat., 1-2 gr. } { Ext. Nucis Vomicae., 1-8 gr. } Podophyllin., 1-8, 1-4, 1-2, and 1 gr. Podophyllin Comp. { Podophyllin., 1-2 gr. } { Ext. Hyoscyami., 1-8 gr. } { Ext. Nucis Vomicae., 1-16 gr. } Podophyllin et Hydragr. { Podophyllin., 1-2 gr. } { Pil. Hydragr., 2 1-2 gr. } Quinae et Aloes. { Quinae Sulph., 3-4 gr. } { Pulv. Aloes Socot., 1-4 gr. } Quinae, Arsenoi., et Nucis Vomicae. { Quinae Sulphat., 1 gr. } { Acid. Arsenoi., 1-60 gr. } { Ext. Nucis Vomicae., 1-4 gr. } Quinae Comp. { Quinae Sulphat., 1 gr. } { Ferri Redact., 1 gr. } { Acid. Arsenoi., 1-30 gr. } Quinae Comp. et Extracti Taraxaci. { Quinae Sulphat., 1-4 gr. } { Ferri Sulph. Exsic., 2 grs. } { Acid. Arsenoi., 1-24 gr. } { Ext. Taraxaci., 1-4 gr. } Quinae Comp. et Strychnin. { Quinae Sulphat., 1 gr. } { Ferri Redact., 1 gr. } { Strychnin., 1-20 gr. } { Acid. Arsenoi., 1-20 gr. } Quinae et Ferri. { Quinae Sulphat., 1 gr. } { Ferri Redact., 1 gr. } Quinae et Ferri Carbonat. { Quinae Sulphat., 1 gr. } { Ferri Carb. (Vallet's Mass), 2 grs. } Quinae Ferri et Nucis Vomicae. { Quinae Sulphat., 1 gr. } { Ferri Carb. (Vallet's Mass), 2 grs. } { Ext. Nucis Vomicae., 1-4 gr. } Quinae Sulphat., 1-2, 1, 2, 3, 4, and 5 grs. Quinae, Bi-Sulphat., 1-2, 1, 2, 3, 4, and 5 grs. Quinae, Phosphori, et Nucis Vomicae. { Quinae Sulphat., 1 gr. } { Phosphori., 1-10 gr. } { Ext. Nucis Vomicae., 1-4 gr. } Quinae, Phosphori, Ferri et Nucis Vomicae. { Quinae Sulphat., 1 gr. } { Phosphori., 1-10 gr. } { Ferri Carb. (Vallet's Mass), 1 gr. } { Ext. Nucis Vomicae., 1-4 gr. } Quinae, Valerianae., 1-2, 1, and 2 grs. Quinae Sulphat., 1-2, 1, 2, 3, 4, and 5 grs. Rhei, U. S. P. { Pulv. Rhei., 3 grs. } { Pulv. Saponi., 1 gr. } 4 grs. Rhei, Comp., U. S. P. { Pulv. Rhei., 2 grs. } { Pulv. Aloes Socot., 1-12 grs. } { Pulv. Myrrh., 1 gr. } { Ol. Menth. Pip., 1 gr. } Salicin., 1-2, 1, 2, 3, and 5 grs. Strychnin., 1-20, 1-30, 1-40, 1-50, and 1-60 gr. Triplex. { Pulv. Aloes Socot., 2 grs. } { Pil. Hydragr., 1 gr. } { Resin Podophyllin., 1-4 gr. } Zinc Phosphid., 1-12, 1-6, 1-4, and 1-2 gr. Zinc Phosphid. et Nucis Vomicae. { Zinc Phosphid., 1-10 gr. } { Ext. Nucis Vomicae., 1-4 gr. } Zinc Valerianat., 1 gr.
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Physicians, upon examining these pills and giving them a trial, will be convinced that they can rely upon them as confidently as if made under their immediate supervision. They can be procured either through pharmacists or directly from us. The above is only a partial list, and we shall be happy to supply a complete one, priced, and samples of the pills upon application.

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CONTRIBUTIONS.

NOTES ON MODERN CHANGES IN MIDWIFERY PRACTICE.

Read before the Medical Society, District Columbia, March 12th, 1879.

BY

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I.

My purpose in writing this paper is to call the attention of the Society to certain modifications in obstetric practice, more or less modern, with which, it may be presumed, some of the members who have not specially studied the later obstetrical works, may perchance not be perfectly familiar. At the same time I hope no one will ascribe to me the presumption of assuming to appear before this body in the rôle of an instructor. My impression is that certain modes of practice have been more or less recently adopted by which both mother and child may sometimes be saved from serious and perhaps fatal injury, and these, I venture to present, even at the risk of reiterating what may be an "old song" to many of the members present.

The several items to which I will now ask your attention refer to:

- 1st. The use of the forceps.
- 2d. Version by external or combined internal and external manipulation.
- 3d. Management of pelvic presentations.
- 4th. Introduction of the whole hand into the vagina for diagnostic purposes.
- 5th. Delivery of the placenta.
- 6th. The value of vaginal and uterine antiseptic injections.
- 7th. Management of the funis.

Under this head I desire to note the abandonment of the "pendulum movement." Of the three modes in which the forceps is, or was, supposed to act, viz: as a tractor, lever, and compressor, the two last have been virtually given up. Compression of the head, however, is, to a certain extent, unavoidable during forceps delivery, whether intentional or otherwise, so we need not dwell upon it.

But the to-and-fro movement is wrong in theory and bad in practice, with the exception of cases where the head is "locked," when a limited oscillatory motion of the instrument may be allowed to dislodge it.

The theory of the pendulum movement was based on supposed facts that do not really exist. It was imagined that when the handles of the instrument were swayed towards one thigh, the side of the head directed towards the opposite side of the pelvis was brought down some short distance, perhaps half an inch, and then by swaying the handles towards the other thigh, the opposite side of the head was in like manner made to descend; so, little by little, this "lever" movement assisted delivery, much on the same principle as the pincers of a blacksmith withdraw a nail from the hoof of a horse. As I have said, the theory is erroneous, inasmuch as the sides of the head with the forceps in position, and the opposing surfaces of the pelvic cavity are smooth and gliding surfaces, not supplied with teeth and ratchet as would be required before the action, theoretically imagined, could really take place. The pendulum movement, therefore, simply rolls the head from side to side, often causing increased pain to the female and greater risk of bruising the soft parts, while it accomplishes no real good. Such is the later view, at least with modern obstetrical authorities. A further objection to the lever movement is the danger of injury to the soft parts from the peripheral sweep necessarily given to the terminal extremities of the blades during its performance.

On the other hand, however, it has seemed to me that a moderate lateral oscillation of the forceps, carefully executed, might serve to dilate the parts below the outcoming head, as well as facilitate its gliding over folds or other irregularities in the vaginal surface, or over the anterior lip of the uterus when incarcerated against the symphysis pubis.

Another rule of recent adoption in relation to the use of the forceps, and one I think with which we are all more or less pleased, is that the blades of the instrument should be applied to the sides of

the pelvis irrespective of the position of the head. Formerly it was the general practice, when the head occupied a transverse or oblique position in the pelvic canal, to place the blades of the instrument upon the sides of the head, (in which case, of course, their pelvic curves no longer corresponded with the curve of the pelvic canal,) and then, during extraction, rotate the instrument so as, it was thought, to bring the occiput to the pubis. Nowadays, we understand, that while this operation is difficult to execute, it is, at the same time, quite unnecessary, often fails in its purpose, and sometimes does harm instead of good. Indeed, placing the blades, the one behind the pubis, the other in front of the sacral promontory, would simply add the thickness of the blades to the diameter of the head already engaged in the conjugate diameter of the pelvis, an important consideration, when it is remembered that a short conjugate diameter is one of the most common conditions that necessitate instrumental aid.* And while, on the other hand, it may appear that the pressure of the blades upon the frontal and occipital surfaces, when they are applied to the sides of the pelvis in a transverse or oblique position of the head, would tend to make the skull bulge laterally so as to thicken its bi-parietal measurement, Barnes and others have explained that this is not really the case, but that the fronto-occipital compression by the instrument, added to the bi-parietal compression of the pubis and sacral promontory, serve to supply a more complete *circular* compression, which tends to *elongate* the skull in its fronto-mental direction, and thus facilitate its passage through a short conjugate measurement. Again it may be noted that in these cases rotation of the head within the blades of the instrument, when the traction has been sufficiently slow and gradual, will take place without any effort of the operator, or indeed in spite of him. This has been amply proved by Dr. Jenks, of Philadelphia; Brown, Hohl, Scanzoni, Schröder, and others, and as they observe, while the marks on the soft tissues of the forehead and occiput show that the blades were really applied to these surfaces in the beginning, yet as the head comes through the vulva the point of the occiput is found in its usual position at the pubis, showing that rotation had taken place within the blades.

Before dismissing this subject I cannot but note a want of perfect unanimity among obstetrical authorities in regard to the practice referred to. Hodge and Elliott, now among the lamented dead, but

* It may here be noted that Dr. G. Hamilton, of Falkirk, reports a remarkable success in forceps delivery by always applying the blades "anteroposteriorly," or nearly so, and using a straight instrument (Zeigler's) without the pelvic curve.

whose teachings, no doubt, still exercise a potent influence in obstetrics, insisted that the blades of the forceps should always be applied to the sides of the child's head, and Dr. Robert P. Harris, the American editor of Playfair's second edition, seems to incline towards the same opinion, for he states that the difficulties in adopting this practice encountered by Playfair and others were due to the employment of instruments which did not conform to the contour of the head with so great a nicety as do the forceps of Hodge, Davis and Wallace.

Among the more recent authorities, however, who have for years past adopted the method of placing the forceps along the sides of the pelvis, regardless of the position of the head, may be mentioned Barnes, Playfair, Leishman, and German obstetricians in general; Jenks, of Philadelphia; Parry, the American editor of Leishman's work, and a number of others.

Finally it may at least be stated that the new practice has been sufficiently tested by eminent practitioners to prove it a perfectly safe procedure, and it is gratifying to know this, inasmuch as by its adoption we greatly simplify the use of the instrument and shear the operation of one of its most embarrassing complications.

There is yet one other point in relation to delivery by forceps to which I will now refer, viz: the demonstrated advisability of a more frequent and early resort to the instrument in tedious or protracted labor. Until recently, physicians, wedded to the old maxim that "meddlesome midwifery is bad," deemed it right in cases of protracted labor not to interpose instrumental aid so long as it appeared probable that the woman would accomplish delivery without assistance within a certain time—perhaps several hours, or half a day, or even longer. This was the old practice: to let the female alone as long as it appeared that she would in time accomplish delivery unaided. Under this practice no doubt many women have been let alone until the indications of both uterine and general exhaustion became so profound as to convince the practitioner that instrumental aid was at last indispensable, but under these circumstances the aid often came too late—too late to prevent injury to the soft parts from continued pressure, or a fatal exhaustion, or shock, or death of the infant, or want of uterine contraction and bleeding, or septicemia following or accompanying inflammation of the female organs.

The more modern practice now is to interfere soon enough to *prevent* the very conditions which, in former days, were considered ne-

cessary to justify forceps delivery ; or rather we now operate at the very beginning of unfavorable symptoms instead of waiting for them to become intensified. Thus, while the older obstetricians used to employ forceps only once in three-hundred or four-hundred labors, it is now employed, at least in most of the larger cities and lying-in hospitals, as frequently as once in every seven or eight deliveries, and by some practitioners even more frequently. And the results, with regard both to infant mortality and the interest of the mother, as shown, especially by Dr. Johnston, at the Rotunda Hospital, Dublin, have been very beneficial.

VERSION BY EXTERNAL OR COMBINED EXTERNAL AND INTERNAL MANIPULATION.

This mode of operating is not by any means very recent, but still I believe it has been considerably neglected, or perhaps altogether ignored, when it ought to have been employed. In this opinion I am not alone. Dr. Playfair, in the last edition of his work, (1878,) says : "In spite of the manifest advantages of the procedure, and the extreme facility with which it can be accomplished in suitable cases, it has by no means become the established custom to trust to it, and probably most practitioners have never attempted it, even under the most favorable conditions."

The chief advantages of the operation are :

1st. The ease with which it may often be accomplished ; 2d, it is perfectly safe to both mother and child, and thus can frequently supplant the dangerous operation of introducing the hand and forearm into the uterine cavity as by the ordinary operation usually practised ; 3d, if it fails in any case, such failure in no way interferes with the subsequent performance of ordinary podalic version, which, indeed, may be at once executed as a continuation of, or rather addition to, the bipolar proceeding.

Of course in performing it either the head or feet may be brought to the superior strait, according to the requirements of the case.

Cephalic version, however, is only to be employed in those cases of transverse presentation where there are no conditions indicating a rapid delivery ; for when the head is brought to the brim the case can proceed only with the degree of rapidity common to ordinary labors.

On the other hand, should some complication, additional to a transverse presentation exist, such, for example, as hemorrhage, convulsions,

&c., the operator would of course endeavor to bring down the feet so as to expedite delivery by immediate extraction.

As to the mode of operating, it is, of course, well understood that by the "external" method alone we mean, turning the child by manipulating it with both hands placed upon the abdominal wall; while by the combined "internal and external" method one hand only is placed upon the abdomen, the other being passed into the vagina, two or three fingers extending into the uterus.

It may be stated further that either proceeding is easy and simple enough before the membranes are broken; often comparatively easy immediately after rupture of the waters, and constantly becomes more and more difficult and finally impossible, according to the length of time elapsing after evacuation of the waters and contraction of the uterus upon the foetus.

Again, it may be noted that turning the child by external manipulation alone can, and ought to be, performed before labor begins in diagnosed cases of transverse presentations. In many of these, however, it will be unsatisfactory on account of the foetus resuming its abnormal position, even in spite of the pads, bandages, &c., usually recommended to prevent such an occurrence.

In attempting either of the manipulations mentioned nothing is more necessary than for the practitioner to have a clear conception of the several successive steps of the operation he is about to undertake. These have been particularly systematized by Dr. Braxton Hicks, whose descriptions are generally quoted by obstetrical writers.

Condensed, for brevity's sake, I think they may be set down as follows:

1st. In correcting transverse presentations by external manipulation alone, all that is necessary is to place the hands upon the abdomen, one upon either pole of the foetal ovoid, and by a series of "gliding movements" push the head down towards the pelvis and the breech up towards the fundus. If the woman were in labor, the manipulation should of course be performed between the pains, and when the head is brought to the pelvis it should be kept there by pressure through the abdomen while the membranes are ruptured so as to make the womb contract and hold the foetus in its now correct position.

Before labor the manipulation is the same, only that the membranes must not be broken, but other means adopted to secure the child in its new position.

In correcting transverse presentation by the combined internal and external manipulation, the two fingers operating *per vaginum*, as already mentioned, push the presenting shoulder towards that side of the pelvis in which the feet are placed, when it is designed to perform *cephalic* version; and towards that side of the pelvis in which the head is placed when it is designed to bring down the *feet*. In the former case the other hand, placed upon the abdomen, simultaneously pushes the breech up, or changing its position towards the end of the operation, presses the head down; while in the latter it presses the head up, and towards the end of the procedure changes its pressure so as to push the breech down.

In completing the cephalic operation the hand in the vagina should so manipulate the head when it has been brought to the pelvic brim as to secure flexion and thus prevent the conversion of the presentation into one of the face, the case being then left alone for delivery to take place by the natural powers.

If there are circumstances demanding speedy delivery the podalic operation will have been preferred, and labor may then be completed by seizing the knees or feet and extracting the child.

In resorting to the bimanual method in cases of *head presentation*, the steps of the operation are, for the fingers operating internally to push the head up into that iliac fossa, towards which the occiput is directed, while the external hand pushes the breech over and down towards the opposite side of the pelvis; this having been done, the fingers inside, next touch the shoulder, which is pushed aside in the direction of the head, while the external hand still further depresses the breech. This having been accomplished, the fingers inside will next touch the knee and then the foot, while the external hand now changes its position so as to push up the head; then the knee or foot are seized and drawn down, while additional pressure from without completes the ascent of the head into the fundus uteri.

By a more general adoption of these manipulations, in place of the ordinary operation of podalic version, (always in some measure hazardous,) I am persuaded much pain may be saved the female and the mortality of cases requiring version be reduced. In illustration, I may refer to one or two cases. One case was that of a woman whom, at a previous labor, I had delivered of a dead child by the ordinary operation of turning, the shoulder presenting and the funis being prolapsed and pulseless before my arrival.

During her next pregnancy the child was detected in the transverse

position about the eighth month. Placing the female upon her back, with her knees drawn up, I succeeded in a few moments in correcting the malposition. But, after a fortnight, it was found again cross-ways, and the same manipulation was repeated. And again the malposition appeared, as was evident at the date of her confinement at term when the head was found in the left iliac fossa. The pains were strong, the os dilated. By the combined manipulation I succeeded in again putting the head in the superior strait, and delivery of a strong healthy child followed within in a few minutes.

In another case, that of a woman in labor with her twelfth child, two of her previous accouchments having been transverse presentations, I detected the malpresentation early in labor, the position of the infant being obliquely crossed with the head upon the left iliac bone. By the combined manipulation it was soon corrected, notwithstanding recent evacuation of the waters, and the birth was concluded with safety to both mother and child.

[To be continued.]

CARCINOMA BENEATH THE TONGUE.

SIMULATING RANULA.

BY

J. FORD THOMPSON, M. D.

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In October last, 1878, I was called to see Mrs. J——, a lady of 55 years, large and in apparent good health. She told me that about six months previously she had noticed an enlargement beneath the tip of the tongue, a little to the left side; that this had grown quite rapidly, without causing any pain or inconvenience beyond the displacement of the tongue, interfering somewhat with speech and deglutition. She had consulted several medical gentlemen, but had not succeeded in getting a decided opinion of the nature of the disease, although the majority seemed to think it a form of ranula.

At first sight it had all the ordinary appearances of a large ranula; it was about the size of a pullet's egg, beneath the left side of the tongue, projecting into the mouth, and also beneath the jaw in front of the angle. It was freely movable, and could be easily pushed into the mouth. Upon closer examination I was convinced that

it did not contain the ordinary fluid of a ranula, as its walls seemed thicker, and there was very indistinct fluctuation.

I explained to her what I supposed to be the character of the tumor and advised an operation, for my diagnosis was an encysted tumor, such as Erichsen describes as one form of ranula.

November 21, I requested Dr. Triplett to assist me. The Doctor, upon seeing the case, agreed in the diagnosis. We prevailed upon her to submit to the operation without ether. The doctor pushed the tumor well into the mouth and I transfixed its prominent convexity with a large tenaculum, which, however, was not easily done, this being the first intimation of its solid character. I then, with curved scissors, cut off the part included in the instrument, and, instead of cyst contents of any kind, a solid tumor was revealed. A suspicion of its true nature flashing upon me, I pushed my finger through the center of the growth, which gave way with some difficulty, and tore out the growth from the surrounding tissues. This was but imperfectly done, however, for the hemorrhage was profuse, and, with the impatience of the patient, caused me to desist. To stop the hemorrhage I was compelled to pack the wound with cotton wool, soaked in persulphate of iron; the blood was entirely venous.

In the evening the patient was quite comfortable. Dr. T. saw her with me the next morning; she complained of considerable soreness and stiffness of the jaws and neck, and called our attention especially to the left side, where we noticed a slight bulging of the sterno-mastoid about its middle, which we attributed to inflammatory swelling, but, upon closer examination, found to be due to an enlarged lymphatic gland upon the inner surface of that muscle. She said she had noticed this some time before, but as it had given her no trouble, thought it of no consequence; my attention had not been called to it, and it had entirely escaped my observation.

The plugs were taken out on the third and fourth days without bleeding. On the 26th we saw the patient in the morning, when she expressed herself as being much better, and she had been up nearly all day. In the evening I was sent for and found patient suffering with pains and sense of distention below the chin. There was very marked increase of size since morning, the enlargement extending quite across to the opposite side. As this change had been so sudden I feared an attack of erysipelas, for there were several cases under my care at the hospital. I ordered a hop poultice to be applied constantly. November 27th Dr. Triplett saw her with me.

The swelling had extended and was very hard; I introduced a tenaculum through the swelling in the middle line, but nothing but venous blood escaped; the poultice was continued, and in the evening she was somewhat better. November 28th the swelling had rapidly declined and her general condition excellent.

From this time her improvement was rapid. On the 30th a mass as large as the end of the thumb was discharged from the wound, which gave much relief; it was of the same appearance as the original tumor except a little softer. December 5th Dr. Triplett saw the patient with me, and we examined the diseased part thoroughly. She was up and looked as well as ever, expressing her delight at the cure which she imagined had been effected. There was no external evidence of the tumor, and internally there was only a thickening of the mucous membrane under the left side of the tongue; the induration of the tissues had almost entirely disappeared.

The tumor, in appearance, was like a sarcoma or carcinoma, and I immediately took it to Dr. Schaeffer for examination with the microscope, and he pronounced it malignant.

In the latter part of January, '79, it was noticed by the family physician that the tumor was rapidly returning, and I was asked to meet Drs. Hammett and Eliot in consultation. In a week the tumor had nearly reached its former dimensions, and she was very anxious for another operation. The result of the consultation was that any further interference would be unjustifiable; the nature of the case was explained to the family, which had been done by myself, however, as soon as I had been satisfied by the microscopical examination. I did not see her again, but was told from time to time by Dr. Eliot that the disease soon filled the space beneath the tongue, and a large fungous mass formed in the mouth, which caused great inconvenience in swallowing, etc. This was several times cut away or cauterized, but of course without any permanent benefit. She died Sunday, March 9th, with symptoms of blood poisoning.

This case has been one of great interest to me for several reasons, but chiefly on account of the false diagnosis which was made. I never before saw a malignant growth in that exact region, or one presenting so much the appearance of a simple encysted tumor. I have consulted all the modern text-books at hand, and find scarcely a reference to any such condition. Bryant speaks of having twice operated upon encysted tumors, with nearly solid contents, which he had mistaken for ranula; and Gross refers to similar cases, but none

mention carcinomatous growths which might be mistaken for cysts. I record the case, therefore, not only because it is somewhat unique, but also with the expectation that it will afford some assistance in differential diagnosis.

A REMARKABLE HOMICIDE.

There is now confined in the city prison of the District of Columbia a negro whose head would have done splendid service at the siege of ancient Troy, as in those days battering rams were called into service in lieu of our modern cannon.

In an affray with another colored man, incited by jealousy of the affections of a dusky Helen, and moved by the machinations of the fabled green-eyed monster this African ram seized his opponent in such a manner as to *butt* his head against his own, breaking in the skull of his rival in as many small pieces as a boiled egg subjected to repeated strokes with a spoon preparatory to removing the shell. The fragments of the mashed skull are so fine that much skill has to be exercised in the process of mounting the same, which is now being done.

The specimen will be placed on the witness-stand, and cannot fail, though mute, to prove a most impressive and persuasive witness at the approaching trial.—[Ed.]

EDITORIAL COMPILATIONS AND COMMENTS.

Ancient Medicine.

There are to be found in every intelligent community many persons pursuing other vocations than that to which the usual contents of a medical journal are intended to appeal, but to whom, notwithstanding their unfamiliarity with the technical terms we are obliged to use for want of simple synonyms, if by chance such journal is presented, something of interest to them is found, and often the entire pamphlet is read through with more avidity than by the physician to whom it is addressed.

They have never read enough about the history or science of medicine, in which term it is intended to include all the collateral branches, as surgery, obstetrics, therapeutics, medical jurisprudence, &c., to have become tired; nor have ever learned enough in other ways to satiate the inherent curiosity to penetrate the supposed mysteries of medicine. To those whose callings in life, respectively, such opportunities have not occurred, we had intended at the inception of this journal to devote some space within this department of *compilations and comments* to such topics as seemed to us likely to interest certain readers of *all* classes of society, and to present the same without pretension to rhetorical skill or the expectation of philological criticism.

It is obvious that we of the present generation, in writing of things recorded to have transpired as far back as thousands of years before the birth of Christ, must accept the data handed down to us through that immense vista of time, subject to the uncertainties of authenticity consequent upon so long and perilous a journey through the Dark Ages intervening, when unknown quantities of records were destroyed and the continuity of history upon nearly all subjects was interrupted, and in many instances obliterated.

We merely propose, under this caption, to collate some of the main features saved from the wreck of medical writings, as presented by various compilers, and to string them along without pretense to absolutely strict chronological order, but simply to fill in a few pages

monthly for the edification—not of members of the medical profession, to whom these subjects are familiar, but of others whose tastes so incline, but whom circumstances may not have favored.

The destruction of the Alexandrian library in Egypt, in the year 640, after the birth of Christ, by the incursions of the warlike Saracens or Arabs, who are reported to have used the papers or papyri as fuel, is considered by scientists the greatest calamity which has befallen mankind since that date.

In this library is supposed to have been collected records of the arts and sciences in many respects superior to the majority of so-called modern improvements, and to have represented the combined discoveries in all branches of knowledge anterior to and since the days of Moses.

The writings of Moses, forming the first part of the Bible, give the earliest accepted indications of anything like a knowledge of any of the branches of the medical art as practiced in modern times.

Medicine, as far as known, did not constitute a science in what may be called the infancy of human society, but rather an aggregation, in separate communities, of experiments with various herbs and compounds, frequently of a grotesque character, and robbed of reliability by mythological tradition.

The earliest reliable instance of record when men practiced medicine is to be found in the Book of Genesis, wherein it is stated that when Jacob died, "Joseph commanded his servants, the physicians, to embalm him; and the physicians embalmed Israel, and forty days were fulfilled for him, for so are fulfilled the days of those that are embalmed."

There are incontrovertible reasons for believing that the Egyptians were far advanced in civilization long before Joseph became governor.

Abraham was constrained by famine to quit the land of Canaan, and entered Egypt 230 years before the death of Jacob, and at that time, it is stated by books of the Hebrews, that the Egyptians understood the sciences of geometry, metallurgy, and architecture.

Thebes, the city of a hundred gates, then existed, and the Pyramids yet stand as evidences of wisdom in mechanics unequalled to this day, and which warrant the assumption that medicine and other sciences were brought to corresponding perfection.

Among the Egyptians the invention of all sciences and arts was ascribed to special favor on the part of Theyt, a mythological indi-

vidual corresponding to the Hermes of the Greeks and the Mercury of the Romans.

Theyt is credited with the authorship of an encyclopedic collection said to comprise all the wisdom of the ancient priests of that country. The statements vary as to the number of books it comprised; some say twenty thousand, others thirty six thousand; while others, on the contrary, reduce the number to forty-two volumes.

The most reliable statement regarding this work is that it was lost at an unknown period, as no writer speaks of having seen it; all refer to it as traditionary.

There is equal uncertainty as to the person of Hermes and the time in which he lived.

Many writers express the opinion that Hermes was a God to whom Egyptian priests dedicated all their scientific productions by inscribing his name at the end of their writings, while others conjecture that Theyt, Thoth, or Hermes corresponded at different times and in different sections to Shem the son of Noah; to Apollo, or Orus; to Osiris, Isis, or Serapis.

The supposition that the name Thoth or Hermes, which all the works on religion and the sciences in Egypt bore, was a generic name similar to the term Boudda, as used among the East Indians, is quite reasonable, and therefore that the name could not have belonged to any particular writer.

Houdart adopts this view, and states that the reader may judge of the immensity of the knowledge of the savans of Egypt by the titles of the forty-two volumes of this collection, containing hymns to the gods, and directions to the kings, comprising two volumes, followed by four treating of the order of the wandering stars of light, and of the rising and setting of the sun and the moon. Ten others gave the key to their hieroglyphics, a description of the Nile, of sacred ornaments, of holy places, instructions in astronomy, in cosmography, and the geography and topography of Egypt. Ten related to the choice of victims, divine worship, religious ceremonies, festivals, public celebrations; and a similar number were devoted to the laws, the gods, and the discipline of the priesthood.

Finally, the last six treated of medical sciences, and were divided into anatomy, theory and practice, instruments, remedies, diseases of the eye, and diseases of women.

Renouard questions the reliability of Houdart's statement, and claims that the plan of medical education which is attributed to

the priests of Egypt, was really the work of some writer of the Alexandrian school, especially as, a thousand years later, the Hippocratic collection presented no such complete and methodic system.

It is known that the school at Cos, Egypt, initiated in the doctrines of the priests during that remote period, were much more advanced in all branches of medical science, yet even this school possessed but very vague notions regarding the anatomy of the human body.

It is stated as positively known that anatomical researches and medical philosophy did not flourish until the epoch of the Alexandrian medical school, three hundred and twenty years before the birth of Christ.

Notwithstanding Renouard doubts the authenticity of Houdart's descriptions of the practice of medicine in Egypt, he quotes him on account of the "interesting reading" he affords.

As was common among other people of great antiquity, the Egyptians, according to Strabo, commenced the practice of medicine by exposing the sick in public places, so that any of those who passed by that had been similarly attacked and cured might give their advice for the benefit of the sufferers. According to Herodotus, the same usage prevailed among the Babylonians and Lusitanians.

At a later period this plan was improved, for all who were cured of a disease were required to go and make an inscription in the temples of the symptoms of their disease, and the curative agents which had been beneficial to them. The temple of Canopus at Memphis became the principal receptacle of these registers, and they were kept with as much care as the national archives. In this way must have been collected a prodigious quantity of facts which rested upon observation.

The priests, who were charged with the study of these observations, did not hesitate to seize upon the exclusive practice of the art, and when they had collected a great mass of facts they classified them into a code, the fruit of the experience of ages, which was called the Sacred Book, from the directions in which they were never permitted to vary.

If, in following the rules there laid down, they could not save their patients, they were not held responsible, but, if after departing from the instructions, and prescribing on their own responsibility, the result did not justify their course they were put to death. Diodorus explains that the reason of so severe a law was that a practice, confirmed

by long experience, and supported by authority of the greatest masters in the art, was preferable to the limited experience of each individual physician.

Renouard pertinently inquires, what judgment would to-day be given upon the sovereign or senate who would attempt to re-establish and execute a similar law, under the pretext that our medical code is the fruit of the experience of ages, and that the solidity of the principles which serve as its base, is sufficiently established; and criticizes Houdart for exaggerating the progress of Egyptian medicine in those remote times, which rest upon some vague and doubtful traditions, while he depreciates the Hippocratic writings of which there remain to us irrefutable proof of both their authenticity and value.

The practice of embalming, which, as mentioned, goes back to an immemorial period, was usually supposed to have necessitated familiarity with anatomy, but Sprengle states that their process was too rude to have contributed very much to scientific advancement.

According to Herodotus, the people had a horror of these proceedings, and pursued and threw stones at the operator who made the incision through which were introduced into the corpse the ingredients destined to dry and preserve it.

Sprengle states that when Pliny wrote that the kings permitted the opening of the corpse, for the purpose of discovering the causes of disease, he always meant the Ptolmies, under whose reign anatomy was carried to a high degree of perfection. In the Egyptian process of embalming the brain was removed by an opening through the nasal fossæ, and an incision was made on the left side of the abdomen through which the intestines were withdrawn and spices and aromatics were introduced, after which the body was washed in lye, spread over with gum, and finally wrapped in bandages of linen.

Much more might have been transmitted to posterity by the Egyptians had their priests been less zealous in concealing from the populace the knowledge of the practice of medicine, the literature of which they disguised and rendered unintelligible to their neighbors by the invention of a peculiar hieroglyphical writing which differed as materially from that in use by the people of those days as the cipher telegrams which puzzle our Potter investigating committees of to-day.

The medical knowledge possessed by the Hebrews was derived from the Egyptians through the education of Moses, who, having been rescued from the river by one of the daughters of Pharaoh, was reared

in the court of that king, and instructed in all the knowledge of the Egyptian priesthood, and became so proficient as to be able to contend successfully with the magicians and savans whom Pharaoh frequently summoned to meet him in the palace.

The writings of Moses, touching upon medical subjects, are therefore fragments of the knowledge possessed by the ancient Egyptians; and if we are to judge from these portions, of the value of the whole, there can be no question that they were wondrous wise. The sanitary and hygienic rules laid down in the Old Testament are regarded as evincing the highest sagacity.

In Leviticus are recapitulated the majority of the laws for preserving health. The eleventh chapter contains an enumeration of animals prohibited as articles of food, such as the camel, the coney, the hare, and especially the hog. It is thought that Moses may have had some other reason for not cultivating the hog than appears from the text, but if he had possessed all the advantages of modern microscopists, and witnessed the minute wriggling worms, the trichinæ infesting so many samples of pork, as to have lately induced European governments to exclude its importation—or had witnessed the ravages of the pork worm upon the tissues of human beings, causing their death, he could not have done better; and since then, as is well known, Jew and Mahomedan alike eschew this unclean beast, of all others, as a religious as well as sanitary duty.

Whatsoever have fins and scales living in water may be used by man as food, but all living things in the sea which have not fins and scales are prohibited.

Among the fowls which are prohibited as articles of food are enumerated the eagle, the ossifrage, the osprey, the vulture, and the kite, the owl, the night-hawk, the cuckoo, the cormorant, the swan, the pelican, the stork, the lapwing, and the bat.

Among those things allowed to be eaten are some which have not entered into the modern bill-of-fare at our fashionable saloons, especially locusts, beetles and grasshoppers.

The reason why the weasel, the mouse, the tortoise, the ferret, the chameleon, the lizard, snail, and mole are not considered delicacies by christians, is explained in this chapter.

Many of these things, however, are considered palatable, and used by those unenlightened in our sacred literature.

The school-boy of the last decade or two remembers the picture of the Chinese peddler, in his geography, selling rats and puppies, artistically dessicated and strung on a stick over his shoulder.

Yet the Chinese household considers its cuisine quite as high-toned as that of the Indian, with his pot of boiled dog, or the Esquimaux, with his dish of whale's blubber, and flagon of oil to wash it down.

In the 13th chapter of Leviticus the descriptions given of the leprosy show that the functions of the physician were still performed by the priests, who maintained their double relationship to society for a very long time, there being no mention in the bible of lay physicians among the Jews, except in the Book of Ecclesiastes, the author of which lived in the third century before Christ.

Under the leadership of Moses, Aaron occupied the position corresponding to that of our modern Surgeon General, he being high priest.

After Moses, the individual most highly esteemed for his wisdom was King Solomon.

It is stated that this monarch surpassed in his knowledge of all sciences the entire wisdom of the Orientals and even the Egyptians, and that "he spoke five hundred proverbs, and his songs were three thousand. He spoke of plants, from the cedar of Lebanon even unto the hyssop that springeth out of the wall; he spoke also of beasts and of fowl, and of creeping things, and of fishes."

In other words, Solomon was a thorough botanist, and well versed in natural history; and, according to the historian, Josephus, "God gave to this prince a perfect knowledge of the properties of all the productions of nature, and that he availed himself of it to compound remedies extremely useful—some of which had even the virtue to cast out devils."

It is a source of extreme regret that the formulæ for the last named compounds have been lost.

But, to go back to *old times*, there are claimed to be authentic proofs to attest that India possessed the blessings of civilization, while Europe was submerged in the darkness of barbarism, and that this civilization antedates that of the Egyptians; that the seeds of science were transplanted from the banks of the Ganges to those of the Nile.

Among the Oriental Indians, as among the Egyptians, the Brahmins laid claim to exercise the functions of the physician as well as of the priest. They alone learned the Sanscrit, which is the language of those countries, and in which all their books are written.

Since the occupancy of India by the English a great deal has been collected regarding their ancient history, and is being prepared for

publication, which cannot fail to throw much light on the days of yore and prove of interest to the modern physician as well as other classes of readers.

Their medical knowledge, as far as heard from, was collected into eight volumes, entitled *Vagadasastir*; but of this work very little is known to moderns, and that little is not calculated to give us a very exalted opinion of the professional acquirements of the Hindoo physicians.

According to their medical works there were in the human system one hundred thousand parts, of which seventeen thousand were vessels. Each one of these was described as composed of seven tubes, giving passage to ten species of gasses, which, by their conflicts, engendered a host of diseases.

They placed the origin of the pulse in a reservoir situated beneath the umbilicus. This reservoir was four fingers wide by two long, and divided into seventy-two thousand canals, which were distributed to all parts of the body.

Upon a physician examining the pulse of a patient he took care at the same time to carefully observe the countenance, believing that every change in the pulsation of the artery answered to a corresponding change in the expression of the face. He examined the excretions, consulted the stars, the flight of birds, the accidental incidents of his visit, and, in short, drew his prognosis from a variety of circumstances, except those actually constituting real symptoms of disease, and concluded, usually, by letting fall from the end of a straw a drop of oil into the vessel containing a specimen of his patient's urine. If the oil was precipitated, and attached itself to the bottom of the vessel, he predicted an unfavorable termination of the case; but if, on the contrary, the oil floated, he announced a favorable result.

Notwithstanding the absurdity of their theories, we are assured that they were very successful in the choice of their remedies, the proper time for their use, and the manner of preparing them. They are said to have had an ointment which caused the cicatrices of variola to disappear, and cured the bites of venomous serpents with a remedy the composition of which is unknown to Europeans. In respect to observance of regimen and personal cleanliness, they might serve as models to many who claim superior civilization.

Specialists prevail among them and the Egyptians yet; but scarcely any improvement has been made in the science and practice of the

several branches of medicine for thousands of years, owing to their belief that such knowledge is sent them only and directly from heaven, from which it would appear that Providence has not been improvident in removing their antiquated delusions.

Regarding the Chinese, their history, which goes back over four thousand years, is, like that of other ancient nations, mingled with traditions more or less fabulous. According to missionary Du Halde, however, from the year 2357, before Christ, their chronology is perfectly well arranged, giving the names of their emperors, the duration and principal events of their reign respectively, together with the history of revolutions and interregnums, and narrated without the interpolation of supernatural statements.

An important fact regarding this chronology is that it is supported by observations of eclipses, the dates of which coincide exactly with the calculations of the most eminent astronomers of Europe.

The invention of the medical art is credited to one of their emperors, named Hoâm-ti, who was the third of the first dynasty, and is said to have reigned two thousand six hundred and eighty-seven years before the christian era, which goes back many years before the flood, to an epoch of which their history is not considered reliable. However this may be, Hoâm-ti is regarded as the author of a medical work entitled Nuy' Kim' which still serves as a guide in practice. In this work is found, among other things, a theory of the pulse, which is described to be of nine different kinds.

When the Chinese physician examines the pulse, he places the arm of his patient on a cushion, then he applies the index, the middle and ring finger on the anterior face of the wrist in such a way that the index finger may be nearest the arm, and the ring finger nearest the hand. The physician then elevates and depresses each finger, alternately, with more or less force, like one playing on an organ. They examine, also, during a limited number of respirations, each of the nine pulses, which are formed, according to their doctrine, on each hand, and they deduce from these their diagnosis and prognosis, at once, without hesitation; make their prescriptions and attend to administering their medicines on the spot; receives the fee and retires, not to return unless again summoned. It must be that the Chinese doctor knows he will be sent for again and again; otherwise it seems incredible he should voluntarily dismiss himself and forego the privilege enjoyed by barbarians this side the celestial empire of running up a bill against a good-paying patient.

The Chinese physicians imagine a multitude of odd connections between the viscera of the human body and the elements, the seasons of the year, the stars, colors, &c. The heart, they say, is analagous to fire, to the planet Mars, to summer, to spring, and to southern climes. It comes from the liver, begets the spleen and the stomach, is antipathic with the kidney, and receives no injurious influence from its contact with the lungs. During the spring-time the pulse is like a tense cord; in summer it is more developed and becomes exuberant; in autumn it appears as if floating; in winter it is rather quiet.

They consider that the heart has a predominant influence on the blood, the forehead, the tongue, and the palm of the hands; and that it is in sympathy with gay colors, lively songs, music and feasting. Excess of joy, heat, inquietude, and bitters injure the heart and the blood.

They think that the spirits and the blood, both vehicles of heat and humidity, run through all parts of the body in twenty-four hours. This daily circulation, they say, commences in the lungs at three o'clock in the morning, and ceases next day at the same place and at the same instant. The knowledge of the canals through which this is effected, constitutes, in the eyes of Chinese physicians, the fulness of anatomical knowledge. They count six canals which pass directly from above downward, and an equal number which return from below upward; eight run transversely, and fifteen obliquely.

Notwithstanding traditions, that one of their ancient emperors directed the dead bodies of criminals to be opened in order that the interior arrangement of the human system might be studied, it appears to be certain that, from time immemorial, the Chinese have not allowed researches on dead bodies, either of men or animals, which offers a sufficient explanation of their ignorance of anatomy, and the consequent errors of hypotheses.

Among the exaggerations in which they indulge, it may be stated that they count forty-two kinds of small-pox, distinguished by characteristics too obscure and insignificant to be of any practical value as regards treatment. Thus, they have small pox of the alæ of the nose; of the circumference of the eyes; one which is characterized by pimples surrounded by a red circle; another, in which the pustules are acuminate, and others, respectively, in which the pustules are flat, black, transparent, yellow, &c.

Among the things known by the Chinese, and generally employed long before the Europeans discovered the same, may be mentioned

vaccination, or inoculation by the variolic virus, the same as we employ now-a-days for the prevention of the contagion of small pox.

The Chinese seem to have devoted special attention to materia medica, as more than forty works are known to be extant among them written on these subjects. One work alone among these is composed of fifty-two quarto volumes.

Dr. Renouard states that there are no apothecaries in that country, but that the physicians are accustomed to prepare and administer their own remedies, except in the case of some very distinguished practitioner, who simply gives a formula, and leaves one of lower rank to fill his orders.

Various herbs, roots, and drugs are sold in the daily retail markets, where they are lauded to customers as possessing efficacious powers against a multitude of diseases. The ginseng root is one of the most famous, being credited with power of reanimating the vital forces, prolonging life beyond the ordinary term, and deferring the advent of the infirmities peculiar to old age, and the people buy it literally with its weight of gold.

The excessive use of opium by the Chinese does not appear to constitute a part of the practice of medicine, but a vice among the various orders, similar to the use of rum and tobacco elsewhere.

Surgery is uncultivated there; indeed, having no knowledge of anatomy, it could not be otherwise. No one attempts any surgical operation, however slight. The reduction of hernia is a thing unknown, and a cataract is to them beyond the resources of art, nor is blood-letting ever practiced. They do, however, employ acupuncture and cupping, and make use of fermentations, lotions, baths, and plasters, and especially of counter irritation by means of moxas or red-hot buttons. In short, their therapeutics, external or internal, are no more advanced than those of the Europeans of the darkest period of feudal times.

At a recent meeting of the Medical Society Dr. J. F. Hartigan presented a case of congenital hydrocephalus, with the following history: The child, a female mulatto, lived fourteen days, death ensuing from convulsions. After evacuation of the fluid there was found to be no appearance of brain substance. Upon closer examination the dura-mater and pia-mater seemed to be whole; the latter was lying loose in cavity of cranium, the falx cerebri being *in situ*

and somewhat attenuated. Of the cerebrum there was present the corpora striata and optic thalami, (smaller than usual,) and remaining portion of base of the brain; the remnants of anterior and posterior lobes of right side and anterior and middle lobes of left were also to be seen. The cerebellum was apparently normal, its tense falx seeming to have resisted the undue fluid pressure. The extreme absorption of brain substance presented in this case, and the fact that the child lived at all, may be classed among the most singular anomalies of nature.

Book Notices.

BRYANT'S SURGERY. HENRY C. LEA, Publisher, Philadelphia, Pa. Of this work, by one so favorably known as surgeon to and lecturer on surgery at Guy's Hospital, London, we feel authorized to speak in terms of the highest commendation.

As a book of reference, it is especially desirable, being filled with concise instructions, expressed in the most intelligible manner, embodying the practical results of the large experience of the author, and thoroughly brought up to date in the matter of contemporaneous views. Reference to the copiously illustrated pages of this work cannot fail to renew the confidence of even the most experienced surgeon about to operate, to meet his peers in consultation, or to lecture before his class.

The author has entitled his work a "Manual" of the Practice of Surgery. A "Manual" means a small hand-book, or pocket edition, while this is really a splendid royal octavo, with over 900 pages, and over 650 illustrations—an armful instead of a handful—unexceptionable in typography and finish.

ATTHILL'S CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN. LINDSAY & BLAKISTON, Publishers, Philadelphia. This book has in a comparatively short time, and deservedly, attained its fifth edition, and has acquired a reputation for practical hints to the busy physician. The work treats mainly of those forms of disease met in common daily practice, and for the treatment of which it gives clear, concise, and practical advice—the result of twenty years of clinical experience.

The author's services in the Rotunda Hospital, Dublin, have afforded him remarkable facilities in this specialty, and commend his views to the respectful attention of the profession.

SELECTIONS.

CONDENSED FROM CURRENT MEDICAL LITERATURE.

ECZEMA PRODUCED BY OXYURIDES.—Dr. Michelson reports, in the *Berliner Wochenschrift*, the case of a child thirteen years old, who complained of itching in the inguinal region, which was found to be the seat of an impetiginous eczema marginatum, suggesting the presence of trichophyton. The centre of the eruption presented a moist surface covered with little red points, and with foetid debris of macerated epidermis. Microscopic examination revealed, not a vegetable parasite, but the eggs of the oxyuris in various stages of development. It is probable that the worms were attracted from the rectum to the parts prepared for the reception and development of their eggs by the heat and moisture of the eczematous skin. Cure was rapidly effected by warm baths and a lotion of salicylic acid. —*Med. and Surg. Rep.*

EPILEPSY—BROMIDE SODII.—Dr. Hollis, of Brighton, has reported some eleven cases of epilepsy happily treated with bromide of sodium. The dose given ranged from fifteen to forty grains of the salt in an ounce of camphor water or other vehicle three times a day. *Lon. Med. Ex.*

NERVOUS HEADACHE.—Dr. Schartzke speaks highly of salicylate of soda in the treatment of nervous headache. He gives at the onset thirty grains of the drug dissolved in half a glass of sweetened water. —*Berlin Klin. Woch.*

ASTHMA.—Iodide of ethyl has been employed by Prof. See for the relief of the paroxysms of asthma. It is administered by inhalation, a few drops being placed on a handkerchief and applied to the nose. —*Virg. Med. Monthly.*

SCIRRHUS CANCER OF THE BREAST IN THE MALE.—Mr. Christopher Heath, of University College, London, reports, in the *London Lancet*, a case of scirrhous of the breast in the male. The patient was about forty-seven years of age, of healthy parentage, and no family history

of cancer. He first noticed it four years ago. He attributed his disease to a habit he had of striking his hand against his chest. The cancer was removed and also some enlarged glands in the axilla.

PRURITUS VALVÆ.—Lotions of glycerole of cade are employed by M. Marius Rey in vulvar pruritus: four grammes (3 j.) of oil of cade to sixteen (3 iv.) of glycerole of starch is the formula he recommends. He makes use at the same time of a tonic treatment of hipbaths, and of a strongly laudanumized emollient injections.

AMENORRHOEA—APIOL.—Apiol the active principle of parsley, discovered by Jaret and Homolle in 1855, is an oleaginous amber colored liquid, soluble in water in any proportion, of an acrid taste. It may be given in capsules. According to Marotte, of La Pitié (*Mouvement Medical*), it brings on the menses, regulates menstruation, and calms the pains by which it is often accompanied. It has no action upon the pregnant womb.

PYREXIA OF PHTHISIS.—Among numerous contributions to the treatment of phthisis, analyzed in Dr. Dobell's "reports on diseases of the chest," vol. iii., *Medical Times and Gazette*, we have collected the following means of combating the febrile state: Against troublesome cough morphia may be combined with atropia; and in case of vomiting, strychnia may be given in the same prescription. Dr. McCall Anderson combats the sweating with subcutaneous injections of atropia; and the high temperature, with the internal use of quinine, digitalis, and opium, conjoined with the use of iced cloths. Against the sweats Dr. Fothergill prescribes belladonna, by itself or combined with opium. In some cases, however, this physician prefers oxide of zinc with hyoscyamus; and Dr. Hayden holds Dover's powder a better anhydrotic than belladonna. Observing that in advanced phthisis hectic depends on purulent absorption, Dr. Douglass Powell has prescribed sodic salicylate. The antiseptic treatment of phthisis is also in favor in Germany, where Dr. J. Schnitzler and Dr. J. Hirschfelder have succeeded in reducing the fever and the sweats by means of hypodermic injections of hydric-carbolate. In Italy, Dr. Antonio Lombardo assigns the following effects to the treatment of phthisis with *silphium cyrenaicum*. The expectoration is much facilitated; the dyspnoea is diminished, and the circulation becomes more regular;

while no digestive disturbance results from its administration. The silphium above mentioned is a European species.—*N. C. Med. Jour.*

BRUISES—CHLORINE WATER.—Dr. S. A. Oren writes: A case of bruise causing discoloration of the skin (black eye) came under my care. I used a cloth saturated with *chlorine water* on the bruised part as an experiment, depending upon its power as a bleaching agent to bleach the part. I kept the eye closed and greased the edges of the lids so as to prevent contact and irritation of the eye. The discoloration was all gone in five days. I had seen the same party with the same trouble on several prior occasions, and the part was always discolored not less than two weeks.—*Med. Brief.*

ENUCLEATION OF THE UTERUS.—This is a case of enucleation of the uterus per vaginam for epithelial cancer. The operation, which was successful in its results so far, was performed by Prof. Lane, of the Medical College of the Pacific. The uterus was well drawn down, and the process of enucleation commenced by severing with a blunt dissector and a pair of scissors, the tissues immediately surrounding it, avoiding the rectum and bladder, until the fundus was reached, when the Fallopian tubes were divided, and the uterus removed. Several ligatures were applied to the bleeding vessels. The patient made a rapid and satisfactory recovery. The case is novel, and if the cure should be permanent, will have an important bearing on operative gynæcology in relation to disease of the uterus.—*Pacific Med. Jour.*

GOITRE—ERGOTINE.—Dr. Coghill reports a case of exophthalmic goitre in which he used subcutaneously Savory and Moore's gelatine and ergotine discs. He began with one-third of a grain (about two milligrammes,) and gradually increased the dose to one grain (six milligrammes.) The fluid extract of ergot failed to produce any beneficial effect on the enlarged gland, but after the use of the ergotine "the tension and vascular enlargement rapidly subsided." The nutrition of the whole body seemed affected, during this treatment, as the patient lost fourteen pounds' weight without corresponding loss of strength or other deterioration of health. This method of treatment was first suggested by Hildebrandt, of Königsberg.—*London Lancet.*

ANEURISM OF THE AORTA.—The treatment of aneurism of the aorta by the subcutaneous injection of ergotine conjointly with galvano-

puncture has been tried, with very favorable results, by Dr. Carter, of Queen's Hospital, Birmingham. Two needles connected with a Stohrer battery were used, first commencing with two, and afterwards increasing to twelve cells, immersed half way in the acid. The operation was twice repeated at the end of a week or ten days in each interval. The needles were allowed to remain in the sac from thirty-five to fifty minutes at each sitting. The result exceeded the most sanguine expectations, the patient being very much relieved, though not completely cured.—*Boston Med. Jour.*

LEUCORRHOEA.—R. Acid salicylic, $1\frac{1}{2}$ drachm; glycerinæ, 3 drachms; aquæ, 1 quart. Sig. for six injections—one daily. In uterine catarrh the canal should be injected by means of a catheter small enough for the purpose. The acid should be well dissolved in the liquid. A case is reported which was cured in seven days after the beginning of the treatment. This method is highly recommended in the treatment of chronic blennorrhagia, and it is said to succeed perfectly. Injections of salicylic acid have been used with perfect satisfaction in all discharges from the vagina.—*Revue de Lit. Med.*

FEMALE WEAKNESS—CO FER MASS.—This preparation is deservedly coming into favor as a tonic internally in cases of general debility, want of appetite, anæmia, and as an injection, per vaginæ, in leucorrhœa. It is obtained from the Seven Springs, Abingdon, Va. and is known to druggists as the *Iron and Alum Mass.*—*Med. Press.*

CHRONIC VARICOSE ULCERS.—Wash with an eight per cent. solution of zinc chloride, then cover with wet borax lint, and over the latter spread gutta-percha tissue. When healthy granulations appear, cover the surface with dry borax lint, without the impermeable covering. This is said to give excellent results.—*Ohio Med. Recorder.*

THRUSH.—A writer in the *Canada Lancet* reports excellent results from using the following lotion, in connection with appropriate constitutional remedies: R. Potass. chlo., $1\frac{1}{2}$ drachms; sodæ sulphitis, $1\frac{1}{2}$ drachms; sodæ bibor., $1\frac{1}{2}$ drachms; glycerinæ, $\frac{1}{2}$ ounce; aquæ, ad 2 ounces.

GONORRHEA.—Lecchini recommends for acute gonorrhœa, two injections daily of a solution of chloral, (1:100). He claims that it relieves rapidly the most troublesome symptoms, and even effects a cure after only a few injections.—*Deutsche Med. Wochen.*

HEADACHE.—R. Caffeine, gr. xij. Ft. capsules No. 6. Sig. One every two hours until pain is relieved.—*So. Med. Record.*

EXPECTORANT.—Dr. Kessler has used all the expectorant formulæ, besides many of his own mixtures, but has obtained best results from the following: R. Pix liquida, gttxx; spts. nitr. dulc., 3i; syr. simpl., 3ii. M. S. Teaspoonful night and morning. Very few doses will suffice in most cases.—*N. Y. Brief.*

ANTI-EMETIC—HOT WATER AND CREOSOTE.—In some cases of bilious vomiting, wherein the stomach has been thoroughly emptied, we have stopped the most obstinate vomiting by the application of mustard to the epigastrium, and administering a glass of water as hot as it could be borne, containing one drop of creosote.—*So. Med. Record.*

INTESTINAL OBSTRUCTION—BELLADONNA.—Dr. Norman Kerr read a paper at the the annual meeting of the British Medical Association, in which reports were given of five severe cases of intestinal obstruction successfully treated by two-grain doses of belladonna, every one or two hours, until from twelve to sixteen grains had been taken.

ANÆSTHETIC AND Soporific Mixtures—*Anodyne Mixture.*—Chloral hydrate, 130 grs.; acetate of morphia, $\frac{3}{4}$ gr.; alcohol, $\frac{1}{2}$ oz.; water, 2 ozs. M. A tablespoonful at night. ***Sleep Mixture***—Chloral hydrate, 45 grs.; bromide of potassium, 75 grs.; water, 3 ozs., syrup orange peel, $1\frac{1}{2}$ oz. M. One-third part at night.—*Chem. Gaz.*

IMPOTENCY.—There are certain combinations of medicine which can be resorted to with benefit in these cases, and one of the best prescriptions for a tonic mixture is the following: R. Strychniæ sulph., 1 grain; quiniæ sulph., $\frac{1}{2}$ drachm; tinct. ferri muriat, $\frac{1}{2}$ drachm; glycerine, 4 ounces. Mix. Sig. One-half teaspoonful in a wineglass of water four times a day, half an hour before meals, and at bed-time.—*Med. Record.*

IMPOTENCE AND SPERMATORRHOEA.—Dr. Beard, in addition to electricity, employs the following: Internal treatment consisted in the use of gelsemium, bromide of camphor, ergotin, and lupulin. Gelsemium alone was of more value than was usually supposed. A pill made up somewhat as follows might be used: R. Gelsemium, $\frac{1}{8}$ gr.; bromide camphor, $1\frac{1}{2}$ grs.; ergotin and lupulin aa, $\frac{1}{4}$ gr. He

sometimes used bromide of zinc and valerinate of zinc combined, aa gr. i., given in the form of pill, and gradually increasing the dose.—*So. Med. Record.*

MARASMUS—LACTOPEPTINE.—This preparation, which is composed of pepsin, pancreatine, diastase (or vegetable ptyalin,) lactic and hydrochloric acid, and sugar of milk, has already acquired an enviable reputation, both in this country and abroad, in the treatment of many forms of dyspepsia and in digestive troubles in children. We have used it in a number of cases of marasmus, and it has been invariably followed by good results.

CROUP—SUBSTITUTE FOR TRACHEOTOMY.—The *Canada Med. Record* quotes Dr. Palvadeau, in *La Tribune Med.*, as using the hypodermic syringe for the purpose of injecting a solution containing equal parts of *sol. ferri perchlor* and water, by piercing the trachea just below the thyroid cartilage. The membrane cannot resist this solution, and shreds rapidly come away, and cure follows speedily.

STRYCHNIA POISONING—HYPODERMICS OF ALCOHOL.—M. Hameau, Bordeaux, France, made some experiments upon rabbits, poisoned with strychnia, to show the action of alcohol subcutaneously injected, and the results lead him to believe that the same will be useful in the human subject in cases of such poisoning, and in tetanus.

CHOLERA INFANTUM—STRAWBERRIES.—Professor Storer, of Cambridge University, recently proclaimed that strawberries produced constipation. Dr. Williams, in the *Boston Journal of Chemistry*, proves the notion. He prescribed for a child dying with cholera infantum one strawberry each hour. The child speedily recovered.

HEADACHE OF MALARIAL FEVER.—Dr. Harrington, Warren County, Ill., has used with much success the following: R. Potassii bromidi, 2 drachms; morphinæ sulph, 1 grain; tinct. verat. virid, 20 drops; aqua. pura, 1 ounce. M. Sig. Desert-spoonful in water every hour or two until relieved.—*Med. Brief.*

RHEUMATISM IN SCROFULOUS SUBJECTS.—R. Com. tinc. cinchona, ʒvj; tinc. phitolacca, ʒiij; iodide potassium, ʒss. M. Dose, a teaspoonful three or four times per day. Useful also in nocturnal syphilitic pains, and in the eruptive affections of both secondary and tertiary syphilis.—*So. Med. Record.*

TRANSFUSION IN ANÆMIA.—Professor Bitot, of Bordeaux, relates (*Union Med.*) eight cases of transfusion performed on four persons with success by an improved apparatus which he describes. He attaches great importance to endeavouring to prevent the shivering occurring after the operation (which he regards as a true febrile paroxysm) by the administration of quinine. He terminates his paper with these conclusions: 1. Transfusion may prove a sovereign remedy in cases of anæmia caused by hemorrhages independent of cancer. 2. It may prove very useful in cases of physical degeneration caused by hyperæmia. 3. It is rather mischievous than useful in disorders of a cancerous nature. 4. It is very prudent to administer quinine to the patient two days prior to the operation.—*Med. Times and Gaz.*

FORMULAS FOR CHILDREN.—R. Quinia sulph., gr. xvi; acidi tannic, gr. ij; ol. menthæ pip., gtt. iij; syrupi sarsaparillæ co., ʒij. M. S. Dose, one teaspoonful. Shake the bottle before using. Syrup of chocolate, such as is used at soda fountains, completely conceals the taste of quinine. An agreeable formula for giving iron to children: R. Ferri et potassii tart., ʒij; aquæ cinnamoni; syrupi simpl., āā ʒiss. M. et ft. solutio. S. Dose one half to one teaspoonful between meals and at bedtime.—*New Remedies.*

CHLOROFORM COMPOUNDS—ANÆSTHETIC FOR INHALATION.—Chloroform, 10 parts; ether, 15 parts; alcohol, 5 parts.

Inhaling fluid for asthma, croup, etc. Chloroform, 15 parts; ether, 30 parts; spirits of turpentine, 5 parts. M. Pour a teaspoonful on a cloth, and keep it about three or four inches from the mouth, until the attack is over.

Chloroform in ointments is mixed in this way: Melt the ointment in a salt-mouth bottle; let it cool down to about 110° F., add the chloroform, stopper and shake well.—*Druggist Cir.*

ANHYDROTIC—COTOIN.—The London *Medical Record* states that Dr. Fronmüller observed in the case of a phthisical patient, suffering at the same time from colliquative diarrhœa and sweating, that, under the use of full doses of tincture of coto, both these symptoms disappeared. The absence of any injurious effect on digestion gives coto a great advantage over other remedies used to arrest sweating, such as tannin, lead, nitrate of silver, aconite, alum, etc.

TINEA FAVOSA.—Dr. Viger reports two cases of tinea favosa that were cured by external applications of the oil of cade. In both cases almost the entire head was covered with thick coats of favus. The local treatment was as follows; the head was washed morning and evening with soap and water, after which it was anointed with oil of cade, and then covered with a cap of oiled silk in such a manner as to prevent the admission of air. Internally, cod-liver oil and a nourishing diet were prescribed. Under this treatment the crusts rapidly disappeared, and both the patients were discharged cured after two months treatment.—*L'annee Med.*

DRAINAGE IN DROPSY.—The process of tapping for dropsy of the limbs, first introduced by Dr. Southey, has been put into practice with favorable results. It consists in the introduction of minute canulæ made of gold, which gradually drain away the serum lying among the tissues. To the extremity of the canulæ are attached slips of rubber tubing about two feet in length to convey the fluid into a vessel for its reception. Capillary tubes have also been used for paracentesis abdominis and thoracis by Dr. Goodhart, of Guy's Hospital.—*Cin. Lancet and Clinic.*

RETENTION OF URINE—CHLORAL.—Prof. Tidd publishes a case in which catheterism having failed in consequence of the patient being pregnant, and no urine having passed for twenty-four hours, two doses of ten grains of chloral, one half an hour after the other produced profound sleep and involuntary passage of an enormous quantity of urine.—*Gaz. Med. de Rome.*

VARICOSE ULCERS.—The treatment of varicose and other chronic ulcers of the leg, by the elastic bandage, has been successful in the hands of Dr. Martin, of Boston, and others who have tried it. The bandage is of pure rubber ten feet long and three inches wide, and is applied as an ordinary bandage to the leg. It is removed at night, and the ulcer dressed with suitable dressing.—*Med. Press.*

NEURALGIA.—In a case of intense neuralgia in a delicate female, in the eye and temporal region, in which the patient had an idiosyncrasy against opiates, the following prescription gave relief in two hours. Apply chloroform locally as a revulsive, and: *R.* Tinc. aconite gttss, xij; bromide of ammonium, ʒj; camphor water, ʒj. *M.* Give one-third or about a tablespoonful every hour.—*So. Med. Record.*

PSEUDO MEMBRANEOUS LARYNGITIS—TURPETH MINERAL AND LIME.—Dr. L. G. Doane, N. Y. city, states that he was called to attend T—— H——, aged four years, and found him exhibiting the following symptoms: Stridulous respiration, suffocation, fever, hoarse cough, “false” membrane in fauces and crepitant rales over the left lung. This article is written only to commend the emetic power of turpeth mineral or hyd. sulph. flav. Two grains were given every hour until eight grains were given without effect; five grains produced vomiting in twelve minutes. Besides this emetic, lime was used in form of vapor by inhalation, and the breathing was more free from its use. Pieces of lime the size of a small apple were dropped into boiling water and its inhalation kept up until the false membrane became detached. I claim no originality for either remedy—only wish to speak of both in a commendatory sense. To Dr. Hubbard, of Maine, is due the discovery of the emetic action of turpeth mineral, and to Prof. Vircou that of lime water *locally* applied.”—*Med. Brief*.

SMALL-POX—PREVENTIVE TO PITTING.—Dr. H. V. Hurlbut, of Chicago, writes to the *Brief* that the following is a perfect preventive to pitting in small-pox, and as pleasant to apply as so much water. For the last eleven or twelve years he has used the application in all cases, among them the babe of twenty months, up to the old lady of fifty-five years, in confluent and distinct cases, and in not a single instance has it failed when faithfully applied: R. Aqua font, 1 pint; acet. plumbi, 8 to 10 grains. M. Sig. Keep the part wet by frequent application of the above; it prevents the itching as well as pitting.

[Some years ago the application of a mask of cantharidis plaster to the face, hands, and other parts liable to be disfigured by the pustulation, followed by warm poultices to remove the pus from the pocks opened by the process of blistering, was recommended in Braithwait's retrospect *Prac. Med.*, &c., and seemed to us then, as now, the most plausible plan offered to obviate pitting, as it arrests the distinction of the cutis vera, upon which the pitting depends.—*Ed. NAT. MED. REV.*]

CATTARRH—MYRICA AND SUBNITRATE OF BISMUTH.—Myrica and subnitrate of bismuth combined will cure diarrhoea and catarrh of the head, because they act on the mucous glands, and arrest secretion, and they also act directly on the part affected.—*Toledo Med. Jour.*

SICK HEADACHE—GUARANA.—Dr. J. C. Stewart, York, Me., writes: When a mere boy I suffered intensely from sick headache. I applied to physicians, and bought books on headache, to no purpose. I studied medicine myself, for the purpose of trying to cure it. I failed in every attempt, until I tried guarana, in 1874. I have not had a recurrence of sick headache for nearly two years. I have used it in my practice, and always with the result of relieving the paroxysm, and, at times, of removing the difficulty. I have used the powder, extract, fluid extract, tincture and elixir, with equal success. Between the paroxysms I use no treatment.—*New Preparations*.

INTESTINAL GAS—COLOCYNTH.—Dr. Eads, (in *Sc. Med. Jour.*), in a case of the above character, "prescribed tinct. colocynth gtt. x., water ℥iv.; gave a teaspoonful every three or four hours until relieved. Next day found my patient perfectly free from pain, no wind in stomach or bowels, the first permanent relief obtained for two months. When her babe was about three weeks old it began to suffer very much like the mother with an accumulation of intestinal gas. Colocynth gtt. ij, water ℥ij., a teaspoonful three times a day, gave prompt relief. Now, nine months since, mother and child both well. I believe colocynth to be a specific in the above condition."

SCIATICA—PHOSPHORUS.—Dr. Volquardsen reports *Pesth Medico-Chirurg Presse*, No. 39, a case of sciatica which lasted for two years and defied all treatment. He then arrived at the idea of trying the internal use of phosphorus, which he prescribed in doses of fifteen milligrammes (about one-fourth of a grain) three times a day. Three days sufficed to obtain a marked improvement, and three weeks brought a complete cure.—*Lond. Med. Record*.

FAILURE OF VACCINATION—CAUSE.—Vaccination will not prove successful in a patient who, at the time, is under the influence of arsenic, says an English health-officer, Dr. E. J. Syson. He suggests that other remedial agents, especially those classified as azymotics, will also cause the failure of a properly formed vaccination. This hint opens the door to a wide field of investigation.—*So. Med. Record*.

IVY POISONING.—Dr. Tydings, in the *Maryland Med. Jour.*, highly recommends: R. Ext. belladonnæ alc, ℥i.; aquæ, ℥iij.; M. S. Apply to parts affected, with a feather.

NASAL CATARRH.—Dr. Q. C. Smith writes to the *Pacific Medical Journal*, recommending for nasal catarrh liquor bismuthi and water, equal parts, applied one to three times a day to nostrils, pharynx and naso-pharyngeal cavity, freely, with a spray producer. He has found this, during an experience of several months, to produce very satisfactory results. Sulpho-carbolate of zinc, in weak solution, as mentioned by other writers, he regards also as a very efficient remedy; applied in the same manner.—*Med. Press.*

ERECTILE TUMORS.—Verneuil (*La France Medical*) recommends injections of small quantities of the following solution: Distilled water, perchloride of iron—aa. 30 grammes; chloride of sodium, 4 grammes. Several punctures may be made, and a few drops injected at each, the skin surrounding the tumor being firmly pressed by the ring of a key to prevent absorption taking place before the clot is formed.—*The Doctor.*

TYPHOID FEVER.—It is said by a writer in the *London Lancet* that typhoid fever is physically impossible after the age of forty. This is the way he proves the assertion: The fever is a disease of Peyer's glands of the intestines. At the age mentioned these glands degenerate and finally disappear altogether. If, then, there be no longer any such glands there can be no longer such disease. That seems incontestable.

TUBERCULOSIS.—The muriate of calcium has been highly extolled by Dr. Bell, (*London Lancet*), in the treatment of tuberculosis. He gives it the preference over all other remedies in the treatment of this affection. He has used it also successfully in scrofulous disease of the bones, tabes mesenterica, &c. The dose is 20 grains, more or less, after meals.

CEPHALAGIA.—Dr. W. W. Carpenter writes: I have never found anything so invariably effective as the following: R. Ammonia murias, 3 drachms; morphia acet, 1 grain; caffeine citrat, $\frac{1}{2}$ drachm; spts. ammoniæ aromat, 1 drachm; elix guarana, 4 ounces; aqua rosae, 4 ounces. M. Sig. Desertspoonful every ten or twenty minutes.—*Med. Brief.*

ACUTE MELANCHOLIA.—Hydrobromic acid is a good brain and nerve sedative in acute melancholia, (dose 3j. to syr. simp. 3ss.) but after a week's use disorders digestion.—*New Remedies.*

QUINSY.—Guaiacum has of late been recommended in quinsy and other throat affections. The following formula for its use is suggested by a writer in the *St. Louis Med. News*: R. Potass. chlor., dr. j ; spts. æth. nit., dr. iv ; tinc. guiac, dr. iv ; syr. aurant. cort, dr. vj ; M. Dose, a teaspoonful every two hours mixed in a little water. If the bowels are too freely acted upon, diminish the dose.

PILOCARPIN AS AN ABORTIFACIENT.—A late number of the *Allegemeine Med. Central Zeitung* quotes four cases recently reported by various observers, where the hypodermic use of pilocarpin in pregnant women led to abortion. One case was four months gone, and aborted after the ninth injection. This should be an important caution against using this agent in pregnant women.

OINTMENT FOR ITCH.—Balsam of Peru, 1 ounce ; benzoic acid, 110 grains ; oil of cloves, 40 drops ; alcohol, $2\frac{1}{2}$ drachms ; simple cerate, 7 ounces. Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—*Drug Cir.*

FAINTNESS—NITRITE OF AMYL.—Testimony is accumulating in favor of amyl as prompt and valuable *cardiac stimulant* where quick action is needed. Unfortunately, however, too many physicians are afraid of this useful preparation, notwithstanding it has never done harm, even when inhaled in half drachm doses.—*Louisville Med. News.*

HEMORRHAGES—ERGOTINE.—The subcutaneous injection of ergotine is now almost universally considered a sovereign remedy for hemoptisis, hematemesia, uterine hemorrhage, etc. Its *modus operandi* depends upon its action on the vaso-constrictors. Where there is much pain or irritable cough, it is combined with morphine.

PTYALISM—SULPHUR.—Dr. Styrap, considers that sulphur is a specific for ptyalism. He recommends the following prescription: R. Sulph. præcip., 2 grains ; potas. chlor., 30 grains ; liq. morph., 1 drachm ; mis. amygdalæ, ad. 8 ounces. Dose, two tablespoonfuls two or three times a day.—*Med. Brief.*

TONSILLITIS.—R. Quiniæ sulph, gr. xxxvj ; potass. chlorat, ʒij ; tr. ferri chlor., flʒss ; syr. limonis, flʒiss. M. et fiat sol. Sig. A teaspoonful, freely diluted, to be taken through a tube every three hours.—*So. Med. Record.*

HONOR TO WHOM HONOR IS DUE.—The credit of suggesting quinine to *prevent shock*, does not belong to Dr. Hunter McGuire, but to the late Dr. E. T. Easley, of Little Rock, Ark., who perished while ministering to victims of yellow fever during its last visitation.—*Southern Clinic*.

NIGHT SWEATS.—Atropine as a remedy for night sweats in phthisis has been brought into favorable notice. It has been tried in the Toronto Hospital with uniformly good results. The dose is about one-fortieth of a grain of the sulphate of atropine at bed-time.

CHILBLAINS.—A good wash for the hands or feet affected with chilblains is sulphurous acid, 3 drachms; glycerine, 1 drachm; water, 1 pint. This acid is particularly useful in the irritating, tormenting stage of chilblains.—*Lancet*.

HÆMOSTATIC COLLODION.—Official collodion, 100 grammes, (3 iij;) carbolic acid, 10 grammes, (3 ijss;) tannic acid, 5 grammes, (gr. lxxv;) benzoic acid, 3 grammes, (gr. xlv.) M. For external use.—*Drug Cir. and Chem. Gaz.*

DIABETES—NUX VOMICA.—Nux vomica has been lately used with success in Italy in the treatment of diabetes. Two cases are reported as having been cured by it, in the *Gazetta Medica di Roma*, under the care of Dr. Zarzana.

TALIPES—EXCISION OF BONES.—Excision of the bones of the foot for the cure of talipes in the adult has been successfully resorted to by Dr. Bryant, of Guy's Hospital, and others in Europe and America during the past year.

Miscellany.

HYGIENE OF CELLARS.—As the almanac has again brought around the annual tussel of house-cleaning, we can render no better assistance than reproduce the following advice of Prof. Kedzie, of the Michigan College: “Go down into the cellar and examine the foundations of life. See whether the cellar is dry and well ventilated, and the air sweet and wholesome; that no vegetables and useless rubbish of any kind are left to rot in your cellar. Or do you find all kinds of things going to decay, the cellar wet, the walls slimy, mould spreading over everything, and a close and stifling odor pervading the air of your cellar? If these inanimate things could give voice to the warning, what a sound would startle our ears in hundreds of cellars in our state. Here lie in ambush diphtheria and membranous croup, the destroyers of childhood, and typhoid fever that strikes at all ages; here lurk the seeds of consumption to bring forth the slow but sure harvest of lamentation and woe! ‘For the stone shall cry out of the wall, and the beam of the timber shall answer it.’ But though these voiceless things speak no word of warning, they hang out the flag of danger; the spotted mould and fungus attacking the timbers of your cellar show that destructive agencies are at work. Why, man! death is knawing the very sills of your house, and shall he spare those tender morsels, your children? These damp, musty, mouldy cellars are seed-beds of disease. Do not hope to preserve health over such a charnal house. Do not leave vegetables to rot in your cellar to spread rottenness through all your house. The wet cellar foretells wet eyes up-stairs! Drain it, and underdrain the surrounding soil, so that your cellar shall always be dry. Drive out all mustiness and mould by ventilation and by abundant use of white-wash. Make the air of your cellars at all times sweet and wholesome, because much of this air will find its way into the rooms above. But if you neglect all these things, and the angel of death spreads his dark wings over your household, do not charge the effects of your nastiness and laziness to a very mysterious Providence! ‘A prudent man foreseeth the evil and hideth himself; but the simple pass on and are punished.’”

TO MAKE PAPER INCOMBUSTIBLE.—Saturate the paper successively with a solution of ammonium sulphate, magnesium sulphate, and borax, or saturate it with a solution of magnesium borate.—*Drug and Chem.*

SEWERAGE OF ANCIENT ROME.—From Dr. Essie's investigations it appears that the main sewer was composed of three semi-circular arches enclosing one another. These concentric rows of enormous stones are piled above each other and fitted in place without mortar or cement. The average width of the sewer is twelve feet, innermost diameter, and the average height about thirty-two feet. It was constructed of peperino blocks, some of which are over five feet long and three feet thick. It was built about seven centuries before Christ, and intended to drain the lake that surrounded the hill upon which the city was built and the contiguous marshes, thus permitting the Romans to have free intercourse with the Sabine town on the hill across the lake. As the city extended, new sewers were built connecting distant points with the great sewer. These sewers conveyed to the Tiber the storm waters from the hills, the overflow of the springs and marshes, and the overflow of water brought to the city by the stupendous aqueducts; they removed the wastes from the public fountains, the flow from the streets, the fish reservoirs, the wastes from the magnificent baths, and the slops from the houses. It is probable that they began to be used as sewerage about four centuries B. C. When it is remembered that in the time of the emperor Augustus the city contained over two millions of people, it will be seen that in no other way could the city be kept in a tolerable condition of cleanliness. As a huge landmark in the path of progress the cloaca maxima still remains. Estimated not only by its vastness, but by its purpose, it transcends in magnitude the pyramids or the great wall of China.—*Sanitary Rec.*

COFFEE AND EGG FOR SICK PERSONS.—A sick person, wanting nourishment and having lost appetite, can often be sustained by the following, when nothing else could be taken: Make a strong cup of coffee, adding boiling milk as usual, only sweetening rather more; take an egg, beat yolk and white together thoroughly; boil the coffee, milk, and sugar together, and pour it over the beaten egg in the cup you are going to serve it in. This simple receipt is used frequently in hospital practice.

INVISIBLE POSTAL-CARD INK.—Professor Böttcher has lately recommended a mixture of one part of sulphuric acid with fifty parts of water. The writing is to be done with a quill, and will be, when dry, entirely colorless and invisible; but on heating carefully upon a hot oven, it will appear in deep black characters.—*Drug Cir.*

MOULDY BREAD—DANGERS OF EATING.—A singular case of poisoning from eating a pudding made in part of mouldy bread is reported in the *Sanitary Record*. The main facts of the case may be briefly stated as follows: The principal materials of the pudding consisted of scraps of bread left from making toast and sandwiches, and they had been about three weeks accumulating. To these scraps were added milk, eggs, sugar, currants, and nutmeg. The whole was baked in a very slow oven, and was subsequently eaten by the cook, the proprietor of the eating-house in which it was prepared, the children of the proprietor, and two other persons. All of these became violently ill, with symptoms of irritant poisoning. One of the children (aged three years) and one of the adults died. The necropsy of the body of the child caused the medical men to suspect poisoning, and accordingly the viscera, together with the remnant of the pudding, the materials used in making it, the matter vomited, etc., were sent to a chemical analyst, Mr. Alfred Allen, for examination. He made tests for several poisons, but without positive result. He was then led to look for ergot in the pudding, and was soon startled to find unquestionable evidence of its presence, as far as chemical reactions went, though he was unable, with the aid of the microscope, to detect any actual ergot. From these facts Mr. Allen infers that the reactions hitherto supposed to be peculiar to ergot are common to other poisonous fungi.

CONDY'S OXYGEN CASCADE is the name given to a novel contrivance for disinfecting the air of a room, and consists of a stand, on which two basins are placed one above the other. Depending from the rim of the upper one is a circle of threads which absorb, by capillary attraction, a solution of potassium permanganate from the upper basin, and allows it to drip into the lower one. By this means the fluid is exposed to the action of a large surface of air, and gives up its oxygen to any floating particles of organic matter. Its efficacy is shown by the fact that by the time it reaches the lower basin the purple solution has become decolorized.—*Druggist and Chem.*

OLD IRON.—The sickles found by Belzoni under the pedestals of the Sphinx at Karnac, near Thebes, the blades which Wyse found embedded in the wall of the Great Pyramid, and the piece of a saw which Layard dug up at Nimrod, are the oldest known pieces of wrought iron in the world. They are treasured in the British Museum.

FACE POWDERS are made of many different substances, and used for a variety of purposes. Some are nothing else than plain dry paint; of that kind the finest and best is probably the subnitrate of bismuth, obtained very light by certain processes. Bismuth as a cosmetic cannot be called a new discovery, since it is said that the face-paint used by Jezebel was a compound of that metal, but it is still unequalled by any other. It is without deleterious effect on the economy, and nearly harmless to the skin, but has the disadvantages of being expensive and of becoming black when exposed to sulphurous vapors. Next in order comes oxide of zinc, or zinc white; the finest qualities produce very good face-paints. Oxide of zinc is generally considered innocuous, is not expensive, and is not affected by sulphurous exhalations; but, if long employed, it causes the skin to become rough and coarse-grained. Of carbonate of lead or white lead, only this needs be said, that it is poisonous, and should never be used at all. This ends the list of metallic pigments and brings us to the more common earthly compounds. Among these may be mentioned talc, or French chalk, baryta white, Paris white, and ordinary chalk. They are harmless in every respect, and quite inexpensive, but eminently inartistic, as they can be detected on the face, at first sight, even at a distance; yet they are used in considerable quantities. Generally they are formed into cakes or tablets by means of a little kaolin, or white clay, and sold in fancy boxes. Now we come to the vegetable powders. These are properly cosmetics, and are used more for their soothing and cooling effects on the skin than for the artificial improvement of the complexion. They are also more commonly known under the name of *toilet powders*. The two following receipts will give an idea of their general character: *Violet Toilet Powder*—Wheat starch, 10 pounds; orris root, 1 pound; extract of cassia, 2 ounces; tincture of musk, $\frac{1}{2}$ ounce. *Rose Toilet Powder*—Corn starch, 12 pounds; powdered orris root, $\frac{1}{2}$ pound; oil of rose, 1 drachm; tincture of civet, 1 drachm; tincture of musk, 2 drachms. The various blooms and creams, more or less advertised everywhere, are said to be bismuth or zinc white simply suspended in rose water. Some of them, on being analyzed, have been found to contain large quantities of white lead, a very dangerous application to the face.—*Chem. Gazette*.

HAMBURG TEA, so popular as a domestic remedy, is composed as follows: senna leaves, 8 parts; manna, 4 parts; coriander, 1 part. Mix.

GERMS IN THE BODY.—One of the greatest advances of medical science in modern times, says the *Health Reformer*, has been the establishment of the germ theory of disease, which supposes that many diseases, like typhoid fever, diphtheria, malarial fevers, yellow fever, etc., are produced by the reception into the system of living germs, which multiply in the blood and interfere with the life processes of the body, occasioning a vigorous effort on the part of the body to expel them—a remedial effort, which is termed the disease. It is the belief in this theory which gives so great importance to ventilation, disinfection, and all sanitary precautions, as by these means the poisonous germs and the sources are removed. A thorough carrying out of the principles developed by this theory will accomplish more for the relief of human suffering than all other agencies combined. Obvious as the theory seems, there are still many able physicians who oppose it very strenuously, and its advocates are called upon for evidences of its truth which cannot be refuted. To afford such evidence has required an immense amount of careful and laborious observation on the part of numerous scientific workers. One of the active of these has been J. G. Richardson, M. D., professor of hygiene and demonstrator of histology in the medical department of the University of Pennsylvania. Dr. Richardson actually demonstrated the possibility of the presence of germs in the blood by drinking four ounces of a liquid which was calculated to contain 27, 000,000,000 germs. A short time after, he drew from his finger a drop of blood, and upon examination found it to contain multitudes of the same germs which he had taken into his stomach. A few hours later he again examined a drop of blood, and found that the germs had undergone the same process of development which they showed in the liquid, a portion of which he had swallowed.

FEMALE PHARMACISTS are quite numerous in Holland. The fashion was set by a Miss Tobbe, who wished to make herself useful in her father's apothecary shop. There was considerable difficulty in obtaining the title, owing to the law, but this has now been altered, and the number of students is at present large. They are much sought for, and are recommended for their orderly habits, their cleanliness, and accuracy. We understand that ladies have become very proficient in the chemical laboratory of the institute of technology in this city. This is a kind of work for which women, in our opinion, are eminently more fitted than the practice of medicine.—*Boston Med. Jour.*

WORMS IN THE LIVING HUMAN BRAIN.—A case of cysticercus in the brain of a boy, eight years old, is reported in the *Wiener Med. Press*: Examination of the pulse, temperature, thoracic and abdominal viscera failed to reveal anything abnormal. The boy complained of excruciating headache, and his piercing cries were loud enough to be heard at quite a distance. Very shortly after his first visit the attendant was recalled, when he found the pupils dilated, the urine and fœces passed involuntarily, the abdomen distended; headache was still severe. Every few hours attacks of an epileptiform nature recurred, while in the intervals there was a remarkable absence of all these symptoms. At one of his visits, just after prescribing a cathartic, Dr. Pollak had occasion to examine the stools, where he found portions of a tænia. The presence of this, in connection with the other symptoms, at once aroused the suspicion that he had here a case of entozoal origin. At his next visit he found the patient comatose, and on examination of his pupils found, to his surprise, what proved on closer examination to be a cysticercus in the anterior chamber. He at once pronounced the case one of cysticercus of the brain. The patient died shortly afterward, and the diagnosis was fully verified.

GOOD WATER-PROOFING may be made by using paraffine melted with the requisite amount of drying oil, and casting it into suitable blocks for subsequent use. This being softened by heat, the leather of the manufactured articles, as shoes and harness, are coated with it and placed near a fire or in a warm place until the composition has been absorbed. When leather has been impregnated with the mixture it is not only perfectly water-proof, but it is also rendered softer and more durable. Shoes retain all their firmness and natural elasticity, and blacking makes upon them a better polish than before. This same composition is also useful for water-proofing goods. It is placed on the under side of cloth for garments by melting and applying moderately with a brush, or by rubbing with a block of the preparation. The complete diffusion of it through the texture is effected by passing the cloth between hot rollers. Fabrics prepared in this manner, while they repel water, are perfectly pervious to air. For this reason they are superior to oil-cloth and rubber goods. They also look better than garments made of rubber, as the finished appearance of cloth is no way changed by treatment.
—*Druggists' Circular*.

IMPURE AIR.—A man may eat arsenic, mercury, opium, or drink alcohol in small quantities for a considerable period, without any immediate attack of disease. So may he indulge in gluttony, in debauchery, or engage in the most severe labor of body or mind for a time without bringing on disease. When disease will appear depends upon the constitutional strength of the individual, the degrees of excess practiced, and the co-operation of other causes. Precisely so is it with breathing foul air. Strong persons will resist the milder influence longer than weak ones; but carry the air poisoning to an extreme degree, or give it the aid of other causes, and it will speedily prostrate the most vigorous. Furthermore, it always tends to wear out life long before the natural period, making men and women gray, wrinkled, feeble, and lank, as if from great age, while their years ought to bear the signs of prime vigor.—*Black.*

NEW DISINFECTANT.—Dr. John Day, of Gelong, Australia, recommends for destruction of the germs of contagious diseases a disinfectant composed of one part of rectified spirits of turpentine and seven parts of benzine, to each ounce of which five drops of essence of verbenas have been added. The purifying and disinfecting properties are due to the presumed power of each of these ingredients to absorb oxygen from the atmosphere, and to convert it either into peroxide of hydrogen or ozone. Clothing, furniture, papers, books, etc., can be saturated with the mixture without suffering detriment, and its action persists for almost an indefinite time, whether the disinfectant has been applied to a porous surface or not. The disinfectant may be applied with a sponge or a brush; where it is possible, the object should be immersed in the liquid and then allowed to dry.—*Lyon Medical.*

REPTILE POISONS—HONEY.—Dr. Cheney, Ala., sends to the *Brief* a recipe for bites of reptiles, spiders, and all poisonous insects. Give the patient about one gill of strained honey every ten or fifteen minutes, until vomiting is produced; and you will see the swelling subside, and your patient will get almost instant relief. It is especially recommended in the bites of rattlesnakes, moccasins, and all snake bites.

GOLD LACQUER.—The so called gold-lacquer, which is applied to leather with a brush, consists of alcoholic solution of shellac containing about five to ten per cent. of fuchshine.

ADULTERATIONS OF FOOD AND DRINKS.—Mr. George T. Angell, in a paper read to the American Social Science Association, Boston, enumerates the following as only samples of some of the forms of adulterating food and drink: red lead in cayenne pepper; chromate of lead in mustard; sulphuric acid in vinegar; corrosive sublimate in pickles; prussic acid in tea; scented and colored clay in coffee; alum in bread; sand in sugar; marble dust and plaster of Paris in flour; powdered stone in soda; terra alba in cream of tartar; damaged grain in Graham meal; chalk in baking powders; mercury, arsenic, and copper in the coloring of candy; creosote and salts of copper in whiskey; and he might have added tobacco, aloes, and *coccus indicus* in malt liquors; and hundreds of formulæ for sale openly in bookstores, for imitating various wines and brandies, in which strychnia and other virulent poisons are freely used.

CINDERS IN THE EYE.—Persons traveling much by railroad are subject to continual annoyance from the flying cinders. A very effective cure is within the reach of every one, and is simply one or two grains of flaxseed. They may be placed in the eye without injury or pain to that delicate organ, and shortly they begin to swell and form a glutinous substance that covers the ball of the eye, enveloping any foreign substance that may be in it. The irritation or cutting of the membrane is thus prevented, and the annoyance may soon be washed out. A dozen of these grains stowed away in the vest pocket may prove, in an emergency, worth their weight in gold.''
—*Herald of Health*.

HUMAN PARASITES DERIVED FROM EATING FISH.—Recent investigations indicate that the great kidney worm (*strongylus gigas*) lives in fishes in the young state, and the observations of Dr. Bertolus almost furnish proof that people contract the Swiss or broad tapeworm (*bothriocephalus latus*) by feasting on imperfectly cooked trout. Indeed, all full-grown fishes sold in the shops as food are liable to contain entozoa; but, with the exception above mentioned, none contain parasites injurious to man.—*Med. and Surg. Rep.*

CEMENT FOR SEALING BOTTLES.—Mix 3 parts of resin, 1 part of caustic soda, and 5 parts of water. This is then to be mixed with half its weight of plaster of Paris. The compound sets in three-quarters of an hour, adheres strongly, is not permeable like plaster alone, and is affected but slightly by warm water.—*New Preparations*.

CEMENT FOR KEROSENE LAMPS.—The disadvantage of plaster of Paris, which is commonly used to fasten the tops into kerosene lamps, is that it is porous and absorbs the fluid. Another cement, which is highly recommended, is made with three parts of resin, one part of caustic soda, and five parts of water. This composition is mixed with half its weight of plaster of Paris. It sets firmly in about three-quarters of an hour. This cement is said to have great adhesive power, not permeable by kerosene, a low conductor of heat, and only superficially affected by hot water. Zinc white, white lead, or precipitated chalk may be substituted for the plaster of Paris, but they harden more slowly.—*New Remedies.*

TO MAKE HOLES IN GLASS PLATES.—Make a circle of loam or cement upon the plate of glass, somewhat larger than the intended hole, pour some kerosene within the circle, ignite it, and let it burn up; then place the plate upon a moderately hard support, and by means of a hammer and a stick, smaller than the opening desired, strike a rather smart blow upon the spot, which will cause a rough-edged opening, the irregularities of which may be removed by a file. According to another statement, cold water may be poured upon the spot, which is said to be even better in its results.—*New Remedies.*

TO MAKE CORKS AIR-TIGHT AND WATER-TIGHT.—A German chemical journal commends the use of paraffine as the best method of making porous corks gas-tight and water-tight. Allow the corks to remain for about five minutes beneath the surface of melted paraffine in a suitable vessel, the corks being held down either by a perforated lid, wire screen, or similar device. Corks thus prepared, the writer says, can be easily cut and bored; have a perfectly smooth exterior; may be introduced and removed from the neck of a flask with ease, and make a perfect seal.—*Drug Cir.*

COATING FOR WOODWORK.—Good lime, slacked with sour milk, and diluted with water till it is of about the consistency of ordinary whitewash, is recommended by the *Landwirth* as an excellent coating for woodwork. Fences, rafters, partitions, etc., are, it says, effectually protected against the weather for at least ten years by this application. The casein of the milk, in combination with the lime, forms a permanent film which dries so quickly in warm weather that heavy rains, falling directly after it has been laid on will scarcely affect the work.—*Drug and Chem.*

POISONOUS WALL-PAPER.—In a lecture on “poisonous wall-paper,” delivered a short time since, before the Manchester Chemists and Druggists’ Association, by Mr. Siebold, the lecturer stated that out of sixty or seventy papers of various colors—blue, red, brown, pink, etc.—analyzed by him, ten only were harmless, the rest containing arsenic. The result, therefore, of Mr. Siebold’s investigations should have the effect of rendering the heads of families suspicious of some of the most innocent-looking colors.

CHAPPED HANDS.—Dr. M. A. Wilson, of New York, gives the following prescription for chapped hands: R. Carbolic acid, gr. iij; yolk of egg, one; glycerine ʒij. M. A small portion to be gently smeared over the affected surface several times daily. The wearing of a pair of cotton or old kid gloves will much assist the recovery. The hands to be kept much as possible out of water. This mixture does not “spoil” by keeping.—*Medical Record*.

It has been lately suggested that rotten potatoes and apples are causative of diphtheria, the fungi on these being identical with the fungi of the diphtheritic ulcer. An observer says that the disease invariably attacks families in which the Irish tuber is eaten, and that, during epidemics, families who abstained from the vegetable enjoyed immunity from the disease. Sweet potatoes are not supposed to be similarly injurious.

TASTELESS CASTOR-OIL MIXTURE.—Dr. W. V. Ezell, of Carrollton, La., furnishes the *Louisville Medical News*, with a receipt for a castor-oil mixture which he claims to be so palatable that patients require to be told what it is in order to recognize its nature: R. Olei ricini, ʒi; tinct cardamomi co, ʒiv; olei gaultheriæ, gtt. iv; pulv. acaciæ; pulv. sacchar alb, āā ʒij; aq. cinnamomi, q. s. ut ft. ʒiv.

SWEET-OIL—A REMEDY FOR POISONS.—It is stated by an exchange that sweet-oil introduced into the stomach is a neutralizer of all poisons of an acrid or corrosive character. The remedy is harmless, nearly always at hand and is worthy of a trial.

TO PREVENT HAIR FROM FALLING OUT.—R. Cologne, 1 pint; tinct. of sanguinaria, 2 ounces; glycerine, 2 ounces; tinct. cantharides, ½ ounce; castile soap, (grated fine,) ½ ounce. Mix thoroughly. Apply once a day with a brush.—*Med. Brief*.

ELASTIC ADHESIVE PLASTER is prepared by giving india-rubber tissue or sheeting a coat of plaster, made by mixing together lead plaster 1 lb., and resin 6 drachms. It is an excellent covering in cases of various skin diseases, and its elasticity makes it invaluable in securing the coaptation of incised wounds, and in treatment of abscesses.—*N. C. Med. Jour.*

ACTUALLY BURST.—Exchanges are noticing the case of a man who literally burst, split his diaphragm in two and died, from four plates of potato soup, “numerous” cups of tea and milk, followed by a large dose of bicarbonate of soda to aid digestion! His stomach swelled enormously, and tore the diaphragm on the right side, causing immediate death.

OBESITY.—So many fat people are struggling to get lean, while so many lean ones are simultaneously doing their utmost to get fat, and having more sympathy for the former, we call their attention to the hint thrown out elsewhere in this department, regarding the diminution of adipose in a patient being treated by ergotine for goitre.

STIMULANTS IN HEADACHE.—In the common form of nervous headache no measure will give such prompt relief as the use of a diffusible stimulant. Ten drops of sulphuric ether on a lump of sugar will frequently give ease in half an hour.

CHLORINE FUMIGATING MIXTURE.—Table salt, 100 parts; peroxide of manganese, 50 parts; powder, and add conc. sulphuric acid, 6 parts; water, 66 parts. M. For 100 to 150 cubic metres (about 3,000 cubic feet.)—*New Remedies.*

JAPANESE CEMENT.—This beautiful cement is prepared by mixing the very finest and best rice-flour with *cold* water, letting it macerate for an hour, then heating very slowly and gradually to boiling, under constant stirring.

SCARLET FEVER.—A house-agent in London was recently fined five pounds and costs for letting a house in which three children had been suffering from scarlet fever without first disinfecting the premises.—*Sanitary Jour., Toronto.*

Facetiae.

CONSOLATION FROM STATISTICS.—“And it is really true that I shall recover?” asked a patient of his doctor. “Infallibly,” answered the man of medicine, taking from his pocket a paper full of figures. “Here, look at the statistics of your case; you will find that one per cent. of those attacked with your malady are cured.” “Well?” said the sick man, in a dissatisfied manner. “Well, you are the hundredth person with this disease that I have had under my care, and the first ninety-nine are all dead.—*Drug and Chem. Cir.*

CONVENIENT JUG.—A country practitioner kept in his office a jug into which were put the remains of his bottles of medicine, powders, pills, etc., the whole forming a conglomerate of which no man could tell the ingredients. When he had a puzzling case, one in which the diagnosis could not be clearly made out, his practice was to direct a suitable amount from “the jug” to be administered, trusting to time and further observation for a return to more rational treatment.

BODY-SNATCHER.—It has just leaked out that the day Dr. Schliemann excavated the tomb of Agamemnon, just as he struck the monarch’s sepulchre, he heard a low chuckling laugh behind him, and a voice said, in good United States, “Here, quick, put him in here!” The doctor turned and saw an Ohio medical student holding a big india-rubber bag.—*Burlington Hawkeye.*

ABSENT-MINDED DOCTOR.—On calling on a gentleman, who had been sometime ailing, put a fee into the patient’s hand, and took the medicine himself which he had prepared for the sick man. The medical man was not made sensible of his error till he found himself getting ill, and the patient getting better.—*Med. Press.*

THESE lines, by Mr. Charles A. Prince, of Boston, originally appeared in the *Harvard Advocate*:

“The human lungs reverberate sometimes with great velocity,
When windy individuals indulge in much verbosity;
They have to twirl the glottis sixty thousand times a minute,
And push and punch the diaphragm as though the deuce were in it.

“CHORUS—The pharynx now goes up;
The larynx, with a slam,
Ejects a note
From out the throat,
Pushed by the diaphragm.”

NATIONAL Medical Review.

WALTER S. WELLS, M. D.

Editor.

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No. v.

CONTRIBUTIONS.

NOTES ON MODERN CHANGES IN MIDWIFERY PRACTICE.

[Concluded from March Number.]

Read before the Medical Society, District Columbia, March 12th, 1879.

BY

A. F. A. KING, M. D.,

Prof. Obst. and Diseases of Women, Columbian University, and in Univ. of Vermont; one of the attending Physicians to Providence Hospital, &c.

II.

MANAGEMENT OF DELIVERY IN PELVIC PRESENTATIONS.

The great infant mortality attending these cases renders their proper management a matter of extreme importance. The plan recommended by Professor Thomas, of New York, deserves special consideration. In a clinical lecture before the College of Physicians and Surgeons, delivered last year, (1878), he said: "I do not wish to boast about the matter, but I can truthfully say that out of twenty-five cases* I have not lost a single child." His plan is essentially this: Do nothing until the breech is found distending the perineum, but then "change your tactics entirely." The female is now placed on her back and brought to the edge of the bed as in forceps delivery. A large dose of ergot is given hypodermically. Two assistants, (one of them a competent physician,) steady the limbs of the patient, the medical assistant having one hand always free to assist the operator. The ergot acts almost instantaneously, and very soon the cord comes within reach, then the physician who assists is to "press down upon the head with all his force," and the woman is enjoined to bear down as strongly as possible. "When all these forces are brought into play the result is usually a very speedy delivery. In a second

*They were "genuine original breech" presentations—not cases of version by the feet.

or two you can get two fingers into the child's mouth, and thus make traction by means of the inferior maxillary."

Thus the great principle of treatment is to increase pressure from above and not to employ traction, a principle by no means new or original with Dr. Thomas, but one that I think is sometimes overlooked in practice. That it is a most valuable aid to delivery in these and in other cases where uterine action is deficient is unmistakable. In fact in some cases of inertia uteri, in which the pains were absent instead of only deficient, delivery was completed entirely by the pressure of the hands, the child being literally squeezed out of the womb.

The only other item I will add in regard to breech cases is that when the head is retained and *partially extended*, flexion may be aided by pressure upon the forehead, the operator's fingers having been inserted into the rectum.

III.

INTRODUCTION OF THE WHOLE HAND INTO THE VAGINA FOR DIAGNOSTIC PURPOSES.

I have little to say of this method of examination further than that it is, in certain cases, of great use both in accurately diagnosing the exact "position" of the "presentation," and in ascertaining the shape, size, &c., of the pelvis. The extent and kind of existing pelvic deformity may perhaps be made out in this way more accurately than by any of the various pelvimeters, which, by the way, few practitioners possess. Again, in cases of unusual presentation, as elbow, knee, back, &c., or even face and breech, when the examining finger seems sometimes lost in a sea of doubt, I cannot but think it would be wiser to pass the whole hand into the vagina and so clear up any uncertainty than suffer the labor to proceed—often at the risk of life—without an accurate diagnosis having been reached. Even in head presentations, when from delay the presenting surface is swollen and oedematous, so that the sutures and fontanelles can scarcely be recognized, the hand in the vagina becomes a valuable aid in making out the "position," especially in anticipation of delivery by manual or instrumental methods. Of course a practitioner having a very large hand would labor under great disadvantage, and ought perhaps to obtain suitable assistance, and the use of anæsthetics to lessen the pain during the manipulation, would of necessity, be duly considered. In a few cases I have derived the greatest satisfaction from this mode of examination, an accurate diagnosis without

it really seeming impossible. My excuse for here referring to so simple a matter rests upon the conviction that it is resorted to much less frequently than it should be.

IV.

DELIVERY OF THE PLACENTA.

Delivery of the afterbirth, when it is not spontaneously discharged, is now, I suppose, almost universally accomplished by "expression," instead of traction, in simple cases, and by the introduction of the hand into the uterus and extraction in more serious ones.

All I desire to add is the possible influence of *posture* in favoring placental delivery. None of us, I imagine, would advise that parturient women should deviate from a strictly horizontal posture before delivery of the placenta. With woman, as we to-day find her, namely, degenerated as regards her reproductive capacity by the usages of civilization, such a rule is, perhaps, in many cases, necessary, but if we regard the female in the condition of strength and vigor, both of nerve, muscle, and procreative power, which probably belonged to her thousands of years ago, the case would be somewhat different. Among semi-civilized races we know it is not unusual for the female to rise and walk immediately after delivery—I mean after complete delivery of the placenta—and repair to some convenient pool or river to cleanse herself. And if we picture to ourselves the process of labor in actually natural cases among such individuals, or in woman as she must have existed before the human race had become so highly civilized, it may have been somewhat in the following manner that delivery of the placenta occurred: In those early days women were most probably alone in their labors; and before language was acquired a parturient primipara may have been ignorant even of existing pregnancy, as well as of the meaning of labor pains, until the child was born. The cry of the new-born infant may have been the first intimation—the first instinctively recognized intimation—of the real state of affairs, as also the first stimulus to rouse the female from the languor of relief and repose immediately following the final throes of labor that completed the extrusion of the infant. And we can easily imagine how quickly maternal affection now prompted the female to rise into a sitting posture, take the child into her arms, and endeavor to fold it to her breast. But if this change of posture—leaning forward

with the weight of the abdominal viscera pressing down upon the fundus uteri—did not itself cause the womb to contract and expel the placenta, the shortness of the funis would prevent the child being lifted so far as the bosom; it would be arrested upon the maternal abdomen, and thus its weight, its movements, and perhaps the sonorous vibration of its cries,* constituted additional stimuli to uterine contraction, and secured the speedy discharge of the placenta. Thus posture and the fetal compress would seem to constitute the natural aid to placental expulsion, which is now supplied artificially by the hand of the accoucher.

It will be seen that the line of thought into which I have here digressed rather tends to lead us to the conclusion that parturient women of physiological vigor, after natural delivery, should rise to the sitting posture and place the infant on the abdomen as a stimulus to uterine action to secure expulsion of the placenta. But we must not let our thoughts and speculations carry us to conclusions too rashly. At the same time I may say that I have repeatedly secured the delivery of the placenta by instructing the female to sit after delivery, the child having been previously separated in the usual way. I am not prepared at present, however, to recommend this practice. What I desire is to accord the matter a reconsideration, with a view to secure improvement in old methods if possible; and to this end I may mention one of the dangers likely to accrue in certain cases where the recumbent posture is maintained. It is the danger of hemorrhage. Most of us, I suppose, have an idea that absolute rest and recumbency tend to prevent bleeding, while sitting would promote it. But are we sure that this idea is true? If the womb were well contracted, it does not appear probable that rising would tend to relax it, for the fundus would be compressed by the viscera above; moreover retained clots would gravitate outwards, and straining efforts on the part of the female would be more effectual. If, on the other hand, the womb were not well contracted, its contraction would be promoted in the manner stated, and what is more, should hemorrhage occur in the sitting posture, it would probably be less profuse and less frequently fatal than when the woman was recumbent, for the reason that syncope would occur sooner and thus the force of the cardiac ventricle would be reduced earlier and before time had been allowed for it to pump out the horrible sluices of blood that so often occur during post-partal hemorrhage in the recumbent posture. The

* Delayed in this position a little while, the infant would probably take the pouting umbilicus in its mouth—possibly suction upon this point would aid uterine contraction.

great danger (from "central thrombosis"—heart clot) of rising *after* hemorrhage had taken place is of course a different matter. Practically, then, it may be questioned whether the prevalent custom of enjoining a strictly recumbent posture after child-birth is, in all cases, advisable. It is probable, contraction and emptying of the uterus would be promoted by an exactly opposite practice, as before stated. The practitioner, however, must of course discriminate between his cases.

V.

THE VALUE OF VAGINAL AND UTERINE ANTISEPTIC INJECTIONS.

The remarkable effect following intra-uterine injections in cases of puerperal septicæmia, viz., rapid reduction of temperature and often a speedy convalescence, is now widely known and generally acknowledged. The same treatment is equally efficacious as a prophylactic, after difficult, prolonged, and instrumental deliveries, and, for my own part, I always advise that the uterus should be freely washed out with a weak antiseptic solution, both in cases of retained clots and secundines and after all cases of dangerous labor. I believe I have seen disease prevented and life saved by this practice, and when it is not employed there is no other mode of treatment that can compare with it or take its place in efficacy.

VI.

MANAGEMENT OF THE FUNIS.

About twelve years ago I read before this Society parts of a published essay "On the Ligation and Management of the Umbilical Cord," in which I maintained, among other matters, that no dressing or binder should be applied to the abdomen and funis of the newborn child. Reading from pages 36 and 37 of that paper I find the following statement:

"Failing, therefore, to discover any real use for the appliances ordinarily employed in dressing the navel string, and believing those appliances to be in reality rather hurtful than useful, the practice that I now invariably resort to is the following:

"The cord having been divided in accordance with the principles already laid down, and hemorrhage having ceased, we endeavor by gentle means to squeeze out the blood and fluid portions of the gelatinous matter contained in it. This can be best accomplished by holding the root firmly with the thumb and finger of one hand, while with those of the other we force out the blood by a kind of milking

operation, much in the same way that it is sometimes squeezed out of leeches. * * * Having been thus treated, and having already become flaccid and ribbon-like, it is simply suffered to remain *without any dressing whatever*, hanging downward and resting upon the abdomen of the child. * * * The advantages of this mode of management are that dessication and separation take place rapidly; that pain to the child is avoided; that the risk of ulceration, inflammation and erysipelas of the navel is lessened, and last, but by no means least, the accoucher can in one moment, by simply raising the skirt, easily examine the umbilicus at every visit, without at all incommoding the infant or even waking it if asleep."

It now affords me some gratification to know that the plan I then recommended has been since adopted by others, and with very satisfactory results.

On this point I may quote from "Leishman's Obstetrics," (2d Am. Edit., p. 627), where we are told that: "Dr. William Goodell prevents many of the accidents which may arise during the separation of the cord, by the following modification of Dr. A. F. A. King's method of managing that organ. When the child is ready for removal, Dr. G. cuts the cord at the usual place, and then seizes it between the thumb and forefinger of the left hand, close to the umbilicus. Holding it firmly in this position, he then proceeds to 'strip' it with the thumb and index finger of the right hand. By this means all of the blood and much of the gelatine of Wharton is removed. If there are accumulations of the latter in projections of the funis, these lobules are to be nicked with the scissors and their contents squeezed out. The pressure near the umbilicus should now be temporarily suspended when the internal portions of the vessels collapse. The part is now subjected to a second stripping, after which, hemorrhage having ceased, it is tied in the usual manner. It is now left entirely free without any dressing whatever. The result is that it separates without any bad smell whatever, falling off like a ripe fruit, without leaving a raw stump.

"Dr. Goodell states that since he has adopted this method of treating the cord in the Preston Retreat, the astringent lotions, which he formerly had frequent occasion to use, are never called for, but that since adopting this new method, out of more than two hundred infants, not a *single one* (italics his) had had a pouting, angry-looking or purulent umbilicus, nor had any one suffered from fungoid vegetations or umbilical hernia.'"

It may be remembered also that shortly after the publication of my essay in 1867, Dr. M. B. Kellar tested my plan in the Cincinnati

Hospital. His report appeared in the "*Cincinnati Lancet and Observer*," where he states that of thirty cases, fifteen were treated in the customary way, and fifteen according to the new method. The results, as he shows, were out of all proportion, in favor of the plan I had proposed.

A few days ago, learning that Dr. Ellwood Wilson, of Philadelphia, a gentleman of extensive obstetrical practice, had for some time given up dressing the navel-string, I wrote to him to ask what results he had obtained. In reply he states: "For several years I have adopted the plan of not dressing the funis and omitting the binder to the new-born child. I am very much pleased with the plan, and adopt it in all cases, except when the prejudice of the mother or nurse interferes. In my experience the cases always do well."

In conclusion, Mr. President, I must again apologize for detaining the Society with this paper of fragments, many of which perhaps are of so simple a character as scarcely to merit the time consumed and the attention the Society has accorded me.

COLOR-BLINDNESS.

Read before the Medical Society, District of Columbia, April 9, 1879.

BY

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By the eye we take in not only the forms of objects, together with the variation in the intensity of the illumination known as light and shade, but also that peculiar quality we call color. If we saw only the form with the variation in light and shade all objects would appear to us as they do in a photograph.

The quality of color does not depend upon the intensity of the light, that is upon the strength of the aerial vibrations, but upon the rapidity with which these vibrations follow each other. When the vibrations are of a certain slowness we have a sensation of red, when they attain the greatest rapidity which is appreciable by the optic apparatus, the sensation is that of violet. Between these two extremes we find enclosed all the colors of the so-called solar-spectrum, each color corresponding to a certain fixed number of vibrations of the luminiferous ether.

We cannot enter into a consideration of the various theories that have been advanced respecting the perception of colors at the different periods in the history of physiology. We shall confine our attention to the one that has most common acceptance, since by it most of the phenomena of color perception are satisfactorily explained, as well as those of color-blindness.

I will state, by way of parenthesis, that there are some very valid objections to this theory, and physiologists are on the *qui vive* for one more satisfactory and more in keeping with the known laws of physiology and physics.

The theory that has appeared in most particulars to satisfy the demands of science is that known as the Young-Helmholtz theory. It was first promulgated by that great English genius Thomas Young, but the times were not ripe for its acceptance, and his papers lay buried in the archives of the Royal Society until re-discovered and exhumed by the great German genius Helmholtz. This theory recognizes three distinct kinds of nerves in the visual apparatus, which correspond to the three fundamental colors. These fundamental colors are not as was formerly supposed—red, yellow and blue—but, as has been abundantly demonstrated by Helmholtz and many others, red, green and violet. They are called fundamental because by various combinations of these all the other colors can be produced.

It has been supposed, then, that to each fundamental color corresponds a special division of the optic nerve; in other words, there are three kinds of nerve fibres entering into the composition of the nervous apparatus of vision. One of these is affected by red, a second by green, and a third by violet. But while red, for instance, affects most strongly one set of fibres, it affects in a less degree the other fibres also; and green, while acting principally on the fibres belonging peculiarly to it, affects also those of red and violet. When all these fibres are excited in an almost equal degree, we have the sensation of *whiteness*. White, therefore, would correspond to the sum of all the sensations which the visual apparatus is capable of perceiving. When all the fibres are excited, but one to a greater degree than the others, we then have the corresponding color predominant, but more whitish, that is, less saturated than when it is excited alone. When it is excited alone, we have the color pure and in the condition known as saturation, that is, without any admixture of another color or of whiteness.

Having premised this much in respect to the physiology of color perception, we will proceed to an examination of those conditions

where there is a departure from the normal. True color-blindness, in accordance with this theory, can be of four kinds; that is, *total*, where no color is perceived, but only light and shade; or *red*, *green*, or *violet* blindness. In the last condition, or *complete* color-blindness, as it is called, one of the sets of fibres corresponding to the three fundamental colors must be hindered in the performance of its functions. Under these circumstances we will have a marked alteration in all the remaining colors.

Suppose, for instance, that red is the lacking color. Not only will saturated red not be perceived and become black to such an observer, but all the other colors into which red enters will likewise be modified. Thus, for example, a feebly luminous red which contains also a small quantity of green will be likened to green, because the red in it will no longer be perceived. Yellow will be whitish green, because it contains also a certain quantity of violet, green and violet in proper proportions being to such an eye white, and green itself will be a whitish yellow or red. Gray, you will understand, is a shade of white or a mixture of white and black, and only a relative term. A cloth which would appear white against a black wall will be gray if laid on the freshly fallen snow.

If green is the lacking color, saturated red will be more saturated, so to speak, than to the normal eye; yellow will be a lighter red; green will be gray, because it contains an almost equal quantity of red and violet, its *two* fundamental colors, an admixture of which must, according to the theory, produce white. Those shades inclining to yellow will be more reddish and of course confounded with the light shades of that color.

These examples will suffice to show you the modifications which the principal colors undergo in the two most common forms of color-blindness (red-green blindness) according to the theory, and they have been found to conform very closely with the facts as we have them in the actual cases under examination.

A few words would not be out of place here with reference to the history of the study of color-blindness. It appears that the first mention of color-blindness is to be found in a letter addressed to Joseph Priestly by Joseph Huddart in 1777, just a little over a century ago. The first important study of the question, however, was made by the English savant John Dalton, the author of the Atomic theory, and in France, and, to a less extent, in other European countries, color-blindness is known as Daltonism. It seems, however, to be hardly the fitting thing to associate the name of the founder of modern chem-

istry with a defect in one of the senses. After him the matter was made the subject of study by Hemholtz and other physiologists. The subject was first studied in regard to its connection with practical life by George Wilson, of Edinburgh, in 1855. Farve, of Lyons, France, has also recently made many examinations of the employés of railways with reference to their perception of color.

To Professor Holmgren, of Upsala, Sweden, however, is due the credit of putting us in the way of making these examinations with great rapidity and exactness, and of giving such an impetus to the investigation of the matter that it is safe to say in a year's time there will not be an employé in railway or marine service in Europe whose color perception will not have been tested. Seldom has the labor of one man yielded such fruit in such a short time.

The important question now arises: How shall we test for color-blindness?

Several methods will probably suggest themselves to your minds at once. The examinee might be asked to name a large number of colors placed before him. This, however, would not give us the desired information, for many persons who are perfectly able to distinguish one color from another will give them the wrong names—calling red blue, and blue red. We cannot therefore trust to this plan. He might be shown the solar-spectrum and asked to give the names of the colors and their shades; but the same objection would apply to this method, and besides a solar-spectrum can be used only under peculiar circumstances, such as we cannot easily command in the routine of practice or in examining large bodies of people.

The simplest method would be to allow the examinee to select from a quantity of colors those which correspond to one which is given him as a sample. It is not then necessary for him to name the colors, and we obtain exactly what we wish, namely, his capacity of discriminating between different colors and different shades of the same color.

A second practical question now comes up, the importance of which those who have had no experience in such examinations will hardly appreciate at its full value, and that is the choice of the methods for the test-colors. We require a material whose colors are pure, that is easily handled, readily transported, and not expensive. The colored liquids are of pure color, but they are not readily transported, and the bottles would be easily broken. Colored glass is open to the same objection. Colored papers have the disadvantages of being easily soiled and of reflecting too much light from their

surface, which would change the tone of the color, and they curl up and are easily torn.

Without mentioning further those which are for some reason or other objectionable, I will say that we find in skeins of Berlin wool, such as are found in all fancy stores, everything that we desire. We can get all shades of every color; the tints being aniline are pure; it is easily handled, readily carried from place to place, light is not reflected from its surface, and it is cheap.

Seebeck first suggested the use of these wools, but the peculiar method of employing them for obtaining a rapid examination and a certain result is due to Holmgren. These two points, however, are of the greatest possible importance when we have to examine large bodies of people, as the employés of railways, schools, &c.

We will now proceed to a brief examination of the Holmgren method of testing. We take as large an assortment of Berlin wools as can be procured, representing all the colors and at least five shades of each color. Green, gray, violet, and the shades of pink and brown should be especially well represented.

It is of first importance, of course, to determine whether the examinee is color-blind, and in the second place to find the kind of color-blindness from which he suffers. For the first test, then, we take a bright shade of green and lay this aside as a sample, and ask the examinee to select from the pile of colors all the shades which appear to him like it. If he selects only the shades of green he is not color-blind; if he selects, together with some shades of green, one or more of other shades of color, then he is color-blind, and we proceed to find the particular kind of color-blindness with which he is afflicted.

You will perhaps ask why it is that green is the color selected to test color-blindness, and how an error in matching a green shade would imply the existence of blindness for other colors.

Green occupies a middle ground as it were, and reaching as it does to both extremes of the spectrum it influences more than either of the other fundamental colors, the shades arising from a mixture of any two fundamental colors, and when any one of the fundamental colors is absent green will feel it most because it contains most of the other colors, that is, is less saturated or more brilliant. The sample selected as a "test" should be to the normal eye a bright shade of green, because it will then be most easily confounded with gray if any one of the fundamental colors is absent.

When it has been demonstrated that color-blindness exists,

we apply the second test to make the differential diagnosis. The "test" sample in this case is a purple, which is a mixture of blue or violet and red, the two extremes of the spectrum.

Now, if the individual is not capable of perceiving red, of course the blue in the purple will be the only color seen, and he will lay blue skeins by the sample. If he is green-blind his two remaining fundamental colors, red and violet, which are purple to the normal eye, are gray to him, and hence green, gray and purple are essentially of the same color. The red-blind lays, therefore, with the purple, blue and violet, and the green-blind, green and gray or other neutral tint. The violet-blind would confuse purple with red and orange.

Another point of great practical moment is the relative frequency of color-blindness. In our railway service there are many thousands of employ es who control the movements of trains loaded with human freight by colored signals. If an engineer, for instance, cannot distinguish red from green, (the most common form of color-blindness,) what but a merciful interposition of Providence is to hinder him from running into an obstruction ahead, though a red light warns him that the way is not clear? Red and green are the same to him, and he drives his engine ahead, carrying his passengers to death or mutilation. There are at least ten passenger trains whose safe incomings and outgoings every night at our two depots depend upon the correct appreciation of colors, and yet there is no law to require that the railway companies should test the color-perception of those to whom the lives of the community is intrusted. That there have not been more accidents referable to this cause is a miracle.

The examinations that have been carried on in Europe show that among males there is one color-blind in about every fifty.

It is a very remarkable fact that the defect is exceedingly rare in females. Among 12,000 women examined and reported upon up to date only 31 were found color-blind, or about one-fourth of one per cent. Even this, I think, will be considerably reduced by a more strict examination, since some are without doubt included who are only partially color-blind, that is, have some confusion as regards the finer shades of colors.

This fact would seem a support to the other facts pointed out by Darwin relative to the transmission of certain peculiarities by sex. Women, we all know, are much more engaged in discriminating between colors and different shades of the same color than men, and this more highly educated sense seems really to be transmitted to their daughters as a sexual peculiarity.

Another question of interest also presents itself in this connection regarding the influence exercised by race and nationality on the color perception.

From statistics thus far obtained it would seem that the Jews are more liable to color-blindness than Christians. Whereas among Christians the percentage is about 2, in the Jews it is about 4. It was for the purpose of determining whether race did exert an influence on the ability to perceive colors that I obtained permission from the board of school commissioners to test the color perception of the children in the colored schools of this District.

I have examined up to this time 3,050 pupils ranging in ages from 6 to 18 years. Of these 1,359 were boys, and 1,691 girls. I found 22 boys color-blind, or 1.6 per cent., and 2 girls, or 0.11 per cent. Total percentage, 0.78. There were among the boys 78 with a diminished color sense, that is, though making mistakes at first they were able, after a long examination, to sample the colors properly. Among the girls there were 31 with this diminished color sense.

The distinctive difference between these two classes of color-blindness and diminished color-sense is that the former is a congenital defect and cannot be remedied by education, whereas the latter is, without doubt, capable of being greatly improved. The importance of this distinction to the individual affected is, as you can readily see, very great. One whose color-blindness is a physical defect in the construction of his nervous optic apparatus, incapable of remedy, would clearly be debarred from many occupations open to those with a normal color perception.

Comparing, then, the results of my examinations with those made by other investigators among the white race, I find that the negro race is less liable to this defect than the white race. Among the whites the males have a percentage of about 2.5, while according to my examinations the male negro has only 1.6 per cent. Of course it may be objected to my results that the negro in this country is not of pure blood, but all those I have examined had a greater or less mixture of the negro blood, and their antecedents on one side at least were lately slaves. A limited admixture of blood often carries with it the tendency to or immunity from a disease. Thus, as I have shown,* the negro has a most enviable immunity from true trachoma or granular lids, and the immunity even extends to the mulattoes. So we are justified in inferring that the less tendency to color-blind-

*See paper on "Trachoma as influenced by race." Trans. International Ophthalmological Congress, N. Y., 1876.

ness in the negro—if it should ultimately be proven to be a fact—would be shared by those of mixed blood. The probable reasons of this low percentage of color-blindness in this race is a question for an ethnological society, pure and simple, rather than a medical society, and I have reserved its consideration for another paper.

DIPHTHONIA PARALYTICA.

BY

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Among the more interesting of the anomalies of the voice is diphthonia, or as it is denominated by Prof. Ludwig Türck, “Diphthonia Paralytica,” an affection full of interest, both from the phenomena which it presents and the variety of its causes.

The literature of the subject is almost exclusively of German origin, and includes, among the rest, the following well-known authors: Schnitzler, (Weiner Med. Press, 1874–5,) Müller, (Handbuch der Physiologie des menschen 2ter Band, 1840, pg. 187,) Stoerk, (Klinik der Krankheiten des Kehlkopfs, 1876, pg. 180,) Türck, (Klinik der Krankheiten des Kehlkopfs, pg. 465,) Rossbach, (Physiologie und Pathologie des menschlich Stimme 1ter Band, pg. 571,) and Merkel, (Anatomie und Physiologie des menschlich. Stimme, 1857, pg. 628.)

I have frequently examined patients whose voices were rendered diphthonic by the presence of a small tumor on one or both vocal cords, the diphthonia disappearing, in these cases, on the removal of the tumors; but cases supposed to arise from combined paresis of the “Transversus Laryngis and Thyreo-arytænoidei interni” are extremely rare—so rare that only a few cases have been reported.

Having had the good fortune to meet with a case of this kind, I submit it in order to assist in confirming the opinion that there is a relation (however remote it may be) existing between certain forms of diphthonia and combined paresis of the transversus and thyreo-arytænoidei interni.

James R——, student, a resident of Washington, age 19, who was referred to me for treatment by my friend, Dr. Wm. V. Marmion, gave the following history:

In the early part of 1878 he contracted a severe laryngeal catarrh, from which, without interruption, he has suffered, becoming hoarser

from month to month, until at the time I saw him, October 19, 1878, when he was nearly aphonic.

I found him suffering with a chronic laryngeal catarrh, with little or no pain in the region of the larynx, and a slight cough was now and then observed, excited apparently by the contact of cold air with the inflamed laryngeal mucous membrane. The expectoration was very scant, of a grayish color, tenacious and varied in quantity from day to day, but was always greater on rising in the morning than during the remainder of the day. His general health was excellent and was not in the least impaired by the existence of the laryngeal disease.

I at once made a laryngoscopic examination, employing the fixed laryngoscope of Dr. Krishaber, of which a drawing may be seen in Ziemssen's *Cyclopædia*, vol. iv, p. 25.

The condition of the larynx can be better understood from the drawings, which I have made with great care. The posterior surface of the epiglottis and the aryteno-epiglottidean folds were of a normal color; the arytenoid eminences were injected, as also the superior or false cords, which were swollen and bathed in a copious secretion. But in the inferior or true cords I detected lesions and important alterations in function meriting detailed description and explaining the development of the partial aphonia and diphthonia in the course of chronic laryngeal catarrh. The *membrana elastica laryngis* was in places tinged in a manner aptly described by Isambert, "*Comme un très léger coup de pinceau trempé dans du carmine.*" In other places this *membrana* was thickened and of a grayish color.

So far I had only observed the morbid changes in the intra-laryngean tissue, but upon requesting the patient to sound "a" as high as possible, to my surprise, I saw the condition as shown in wood-cut number 1. Cut number 2 represents the normal larynx during the

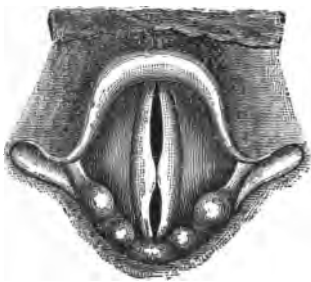


Fig. 1.

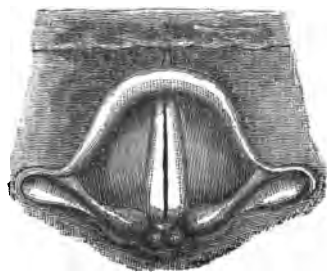


Fig. 2.

production of such a sound. It will be observed in figure 1 that

the true vocal cords do not touch each other in all their length, as in figure 2; but only in their middle, and then for a distance of only two (2) mm. This phenomenon was observed on an effort to sound "a" being made, and at that moment I could hear a distinct "diphthonia," consisting of an ordinary "a" sound followed by a well-marked "falsetto," which imparted to the voice an agreeable and indeed musical tone. The outline of the rima glottidis was completely altered by the cords approaching each other near their middle, and the appearance may be well compared to the "hour-glass glottis" spoken of by Browne, (*Diseases of the Throat*, London, 1878.) There were, in fact, two glottic orifices, an anterior enclosed by the cords, and a posterior, extending from near the processi vocales backward; the former is called by Professor Johannes Schnitzler *bänder*, (cord,) the latter *knorpel-glottis*, (cartilage glottis,) (Weiner Med. Presse, 1875.) From these words of Schnitzler we may arrive at what I think a rational explanation of the direct causation of the symptom diphthonia in this case. As will be seen by again examining figure 1, the anterior glottic orifice is longer than the posterior. Now, could the same sound be generated *cæteris paribus*, in glottic orifices differing in structure, in length, and in form? The following facts recorded by M. Mandl (*Maladies du Larynx et du Pharynx*, Paris, 1872, pg. 281,) bear directly on the point I am making, and I therefore translate them. "It is understood that vocal cords susceptible of variations in length, thickness, consistence, and humidity can vibrate differently and produce sounds the new harmonics of which give rise to a modification of tone."

"The 'tonalité' depends on the number of vibrations of the vocal cords and the size of the glottic orifice." The vibration of the cartilagenous portions of the vocal cords which are posterior to the processi vocales is less rapid, and hence the sound is less acute than in the anterior or ligamentous portions of the same cords. The sound produced in the cord glottis would be high; that in the cartilage glottis low. Schnitzler, (Weiner Med. Presse, 1875,) and Türck, (*Klinik der Krankheiten des Kehlkopfs*, pg. 465.)

Regarding the chronic laryngeal catarrh as being the cause of the paresis, and diphthonia a symptom of this paresis, my treatment was directed to the removal of catarrh, and then to the paresis by the use of intra and extralaryngeal faradization, and the administration of excito-motor stimulants. During the entire course of treatment, abstinence from alcoholic liquors, tobacco, and absolute rest of the voice was recommended. In five weeks I had the catarrh

nearly entirely relieved, the voice meantime having become much more distinct. I used as a local application to the larynx, zinc chloride, 0.75 gm. in 32.00 of water, and as an inhalation, alum 15.00; aq. extract of opium, 0.20; glycerine, 50.00; rose water, 250.00. Both formulæ were made daily use of until I began faradization, which was two months from the commencement of the treatment. A few days elapsed, and I then administered strychnia, 0.0003, three times a day during the first week and then every alternate week for four months. Faradization was accomplished with the apparatus of Professor Dubois Raymond, of Berlin. At the beginning I gave the patient a daily séance, then every alternate day, and finally once a week. There was a most pronounced improvement in his voice after the first application of electricity, and he is to-day practically in the possession of a perfect power of vocalization. The diphthonia has entirely disappeared and cannot be detected even on the patient's making the most violent efforts to sound high notes. The anterior and posterior glottic orifices have been transformed into one and extend from the anterior to the posterior commissure of the vocal cords, as is well represented in figure 2.

I have been struck with the similarity of position of the cords in this case, and in cases of combined paralysis of the transversus and thyreo-arytænoidei interni, the result of which is also an hour-glass glottis, but in the last-named cases which have come under my observation, there was complete loss of voice, the vocal cords remaining more widely separated during attempts at phonation than in the present case. When we reflect on the fact that paresis of the various laryngeal muscles is a common result of chronic catarrh, Ziemssens (*Cyclopædia*, vol. IV, p. 216) and Türk (*Klinik der Krankheiten des Kehlkopfs*, p. 465,) and the manner in which the diphthonia disappeared under the above-mentioned treatment, it is, I think, evident that in this case the diphthonia was due to a paresis.

Those interested in the mechanism of the voice are referred to the works of Fournié, Paris (1866) and J. Solis Cohen, New York, (1872.)

EDITORIAL COMPILATIONS AND COMMENTS.

Mystic Medicine.

In Grecian Mythology it is related that Minos, son of Jupiter and Europa, and king of Crete, who was distinguished while upon earth for his justice, and after his "taking off" was appointed supreme judge in the infernal regions, had his little domestic trials and tribulations while a mortal, very much the same as ordinary folks now-a-days.

It appears from the records of vital statistics of those days, eleven hundred and eighty-four years before the birth of Christ, or about three thousand years ago, that this king Minos had a son born unto him, and after the usual congratulations, feastings and consultations as to the stars, the flights of birds, and which way the wind blew at the time the young man put in an appearance, he was christened and baptized Glaucus. We cannot be expected to reconcile the discrepancy regarding the fact that christening and baptism did not come into fashion until a good many hundred years after Glaucus met with the accident which has caused his name to be handed down to us as among the very earliest patients whose treatment is recorded for the benefit of modern practitioners.

We are simply transcribing historical facts, from which any one may learn, that one day Glaucus while perched on the topmost round of a step-ladder in the pantry, straining and stretching to pilfer some sweet-meats purposely placed on the top shelf to guard them from his boyish trick of helping himself, lost his balance and fell head first into a large tub of strained honey, where he stuck and was asphyxiated, and from Glaucus, he was transposed, as it were, into Glucose. It is stated that "abundance of time was spent in vain search after him," and that "at length one Polyidus, a *diviner*, was sent for from Argos," who finally found the boy and fished him out.

After the usual funeral ceremonies and the deposition of the remains in the imperial mausoleum, this Polyidus, the *diviner*, made himself appear to the king to be such a wonderful man that the king thought he would test his powers and compel him to restore Glaucus to life, and accordingly he caused Polyidus to be locked in the tomb with the corpse. The ancient records state that "the conjurer, thus put to his trumps with the carcass, spied a serpent making

towards him, which he slew. Presently after came another serpent, who seeing the other dead, immediately scampered, and returned with a certain herb, with which he covered the whole body of the dead serpent, and brought him to life again." Polyidus took the hint, and after their snake-ships had finished with the herbs, he made the same experiment upon little Glaucus, and restored him to life—whereupon he called to some person passing by, who carried the news to the king. As a token of the generosity of king Minos and in verification of his repute for justice, he eventually liberated Polyidus.

Among the early Greeks whose extraordinary cures are said to have elicited the gratitude of his countrymen, and to whom altars were erected, appears the name of Melampus. He lived in the time of Proteus, king of Argos, nearly two hundred years before the Trojan war. One of the most famous cures attributed to Melampus, and sufficient in itself to establish the reputation of any reasonable physician, and all the more creditable to young Melampus, as he was at the time only an undergraduate, and supported himself and paid his hundred dollars tuition-fee out of his earnings as a shepherd, were those of the daughters of king Proteus. Why this monarch should have employed so young and inexperienced a practitioner seems the most mysterious part of this record, seeing that the fashion has entirely died out, with no visible prospect of its revival. What we do know, however, is that these princesses, who had taken vows of celibacy, became subject to fits of hysteria, so-called, during which they imagined themselves transformed into cows, and would leave the palace to run wild in the forests, lowing and bellowing, and kicking up a dust, like those animals. This nervous affection was communicated sympathetically to other women of Argos, who followed the Proteans, imitating their deranged conduct, and simulating a grand buffalo stampede.

Young doctor Melampus, having observed the effects of white hellebore, the Weisse Niesswurzel of his dispensatory, when fed to goats, and basing his diagnosis upon the neurological versions generally received as sound in those times, gave his young patients milk in which this plant was infused, following up the dose with vigorous physical exercise by causing them to run until thoroughly fatigued. Then he enchanted them and made them bathe in a fountain of arcadia called Clitorian, which completed their cure.

As evidence that they paid their doctor's bill in those days, it is stated that the king, in remuneration for so great a service, offered

to Melampus the hand of one of his daughters, together with a third of his kingdom. The astonishing part of this narrative is that Doctor Melampus declined to accept this fee, unless his brother Bias, whom he had called in consultation, were paid a similar reward. It is noticeable that examples of such disinterested professional magnanimity among modern physicians rarely assume such a *bias*.

Regarding the origin of medical knowledge all the ancient pagans held their gods to be authors. It has been held by many Jewish doctors, that, as mentioned in Genesis, when God caused all the creatures to pass before Adam, that he might give them names, he at the same time received knowledge not only relating to them, but of all other created things, and therefore was endowed with a knowledge of the healing art. Another argument in favor of the Divine origin of medical knowledge is drawn from those passages of Ecclesiastes, where it is stated that "God created the physician, and the physic, and that he hath given science to man." The ancient Romans considered the art of medicine sacred and the invention of their gods.

The Greeks ascribed the knowledge they may have possessed to the sons of their deities, or others of near kin whom the gods favored. They believed that sickness was sent upon mortals by their gods or goddesses, if they became displeased by acts of their subjects; and the peculiar sickness or distemper, which affected the daughters of Proteus, and which Melampus cured, was attributed to the wrath of Juno, whom these young ladies assumed to surpass in beauty. While this may be the first instance on record of female spite wrecking vengeance upon the subject of its jealousy, it will not be claimed there are not in existence to-day many a Juno who would like to shower down a similar judgment on some audacious rival.

Among the various aspirants to the credit of having invented something in the art of medicine, considerable prominence has been given to the name of Prometheus, who is said to have stolen fire from heaven to animate two bodies which he had formed of clay. This procedure was looked upon as no less a crime in those days than *constructive arson*, and Jupiter caused him to be chained to a rock on Mount Caucasus, and appointed a vulture to breakfast upon his liver, which organ, or such part of it as was eaten away during each day, grew again over night.

Much has been written lately questioning the safety of certain surgical operations upon the liver, and it may be well to bear in mind that the case of Prometheus terminated favorably as regards the im-

mediate effects of the several excisions, notwithstanding he did not have the benefit of antiseptic atomization.

The ancient Egyptians attributed the invention of physic to Thoth, one of the five Mercuries described by Cicero, who claims that this Mercury slew Argus and then fled into Egypt. There being no extradition laws in vogue then, the runaway man-slayer was not delivered up, but remained among the Egyptians, whom he instructed. It seems this man Argus, who had a hundred eyes, was appointed to look after Io, whom Juno, in another fit of jealousy, induced her husband Jupiter to transform into a cow. Mercury, taking a fancy to this cow, succeeded in stealing her, after his fight with Argus, and drove her with him over into Egypt. We find no mention of an action in replevin, but that she became acclimated, acquired the capacity to digest bulrushes, and after her death images of her were worshipped by the Egyptians, and a temple called Isis erected to her memory.

Juno, glad to be rid of this care, and yet grateful to Argus for having made so valiant a display of loyalty, insured the recollection of his chivalry by placing his hundred eyes upon the tail of a peacock, whereby the same has been perpetuated. Others of these gentlemen named Mercury became famous as co-inventors of the ancient art of medicine; and nearly all the heathen nations credit one or the other of them with great proficiency in the arts and sciences.

Much confusion exists in the matter of dates, the day of the month and year respectively, when the things chronicled in old times actually occurred, and it was a subject of conjecture how these records reported to date back beyond the Flood were preserved at that time for future reference. But the mystery is cleared up by Josephus, who states that the sons of Seth, understanding from Adam that the world was to be drowned, set to work and built two pillars, one of brick and the other of stone, on which they engraved all they knew of science, especially of astrology. They took the trouble to make duplicates, thinking that if the Flood destroyed the brick pillar the stone one would hang together and be found somewhere. But both of them withstood the Deluge, and Josephus adds that the pillar of brick remained in Syria in his time. It is claimed that the Egyptian Mercury took the same measures to transmit to posterity records of his knowledge, and upon the credit of an Egyptian priest named Manetho, it is stated that certain pillars were there erected upon which Thoth or the first Mercury inscribed many things in hieroglyphics.

It does not appear how the Egyptians got wind of the impending Deluge, but as we find this statement in print, it must be true.

It is further stated that the Greek Mercury, otherwise known as Agathodemon, transcribed these records into Greek language after the Deluge, and composed of them "books in the sacred characters," which were kept in the most secret places of the temples of Egypt. Dr. Le Clerc also quotes Jamblichus, an old historian of the third century, that there were columns in Egypt filled with writings containing the doctrines of Mercury. The same author states further that Pythagoras and Plato, both distinguished scholars living, the one five hundred, and the other four hundred years before the birth of Christ, and both of whom, at different times visited Egypt, received abundance of light from what they read upon the Egyptian pillars; many of the works of these authors are extant.

Pythagoras visited Egypt about one hundred years before Plato did, and remained there twenty-five years, educating himself in their manners and mythology. So much fame attached to the extracts made from the writing on these pillars which had withstood the Deluge that speculative writers issued bogus copies, purporting to have been prepared by the Egyptian priests; but their number became so great that the fraud was detected. Jamblichus reckons six thousand five hundred and twenty-five of these books. Dr. Le Clerc's History of Medicine states that of some of these there remains no more than the title; others have been preserved entire, and mention is made of manuscripts of this series, treating of chemistry, that were yet to be found in some curious old libraries within three hundred years of the present time.

One of the ancient books attributed to Egyptian origin mentions certain Statues that gave and cured diseases, told things to come, and did divers other prodigious things not strictly within the pale of medical ethics. Another of these books treats of the *thirty-six* sacred herbs of the horoscopes; and Origen, a writer who was born at Alexandria, Egypt, in the year 185, and studied philosophy under Ammonius and theology under Clemens Alexandrinus, states that in another of these books it was recorded that the Egyptians held these thirty-six sacred herbs as a talisman or charm against the wiles of their thirty-six demons or gods of the air, which presided respectively over as many subdivisions of the human body.

Origen adds that the Egyptians had in their language names for all these demons, and that, invoking any of them, according to the part of the body affected, during sickness or from accident, a cure was at

once the result. Still others of this series of books dealt with astrology which, with magic, was held by the ancients as of the utmost importance in the treatment of diseases.

Zoroaster, king of Bactria, twelve hundred years before Christ, is credited with having been the inventor of that part of the art of medicine in which *magic* played a part, and Berosus, a priest at Babylon, and a contemporary with Ninus, king of Assyria, claimed that Zoroaster was identical with Shem, one of the sons of Noah, and gave him credit of being a great physician by reason of his proficiency in the arts of magic.

According to Homer, the poet, regarding the honor of whose nativity seven cities contended while none of them were able to offer any proofs, Mercury gave to Ulysses, after his return from the Trojan war, an herb as force against the charms of Circe, a young lady gifted as an enchantress—who was smitten by the pomp and pageantry of his military trappings, but whose fascinations the soldier, being a married man, felt bound to resist, thus displaying an excess of virtue truly marvelous to the modern benedict. It is further stated that Mercury not only bequeathed his name to our modern medicine of this title, but also taught the use of coral drank in pure wine, as of use against the bitings of serpents.

Orpheus, a celebrated musician, whose skill is said to have been so great that by the power of his music, he could make rocks, trees, &c., follow him, in his hymn to Mercury speaks of this great physician's abode, where all sorts of good things were hidden; where no diseases came; and where remedies were to be had for the bites of snakes, for lunatics, and for lepers.

NOTICE.

SIXTH DECENNIAL PHARMACOPŒIA CONVENTION.

To the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States:

By virtue of authority devolved upon me, as the last surviving officer of the Pharmacopœia Convention of 1870, I hereby call a general convention to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopœia of the United States.

For the information and guidance of all parties interested, I refer them to the rules adopted by the Convention of 1870, to be found on page 11 of the Pharmacopœia of the United States, and request their compliance with the spirit and intention of the said rules.

JAMES E. MORGAN, M. D.,
No. 905 E street, N. W., Washington, D. C.

Book Notices.

THE NATIONAL DISPENSATORY, containing the natural history, chemistry, pharmacy, actions and uses, of medicines, including those recognized in the pharmacopias of the United States and Great Britain. By Alfred Stillé, M. D., L. L. D., and John W. Maisch, Ph. D. etc., 201 illustrations, 1628 pages. Henry C. Lea, publisher, Philadelphia. Price, extra cloth, \$6.75. Leather, raised bands, \$7.50.

When this superb production was handed us we thought what would be the emotions of old Mr. Guttenberg, the inventor of printing, if he could be awakened from his long sleep since the year 1468, and could take a seat beside us to compare the improvements in typography and its correlative arts, during the past four hundred years; and, we thought, how curious it would be to watch the varying expressions of countenance and hear the comments of the members of the late firm of Guttenberg & Faust, at Mentz, in 1450, if the two could be revived and accompany us in strolls through the great publishing houses of the nineteenth century.

The able authors of the National Dispensatory have not only given an exhaustive treatise on the virtues of Remedies in general, but have not failed to point out the short-comings of certain fashionable medicines, when, in their judgement, the same have been over-rated.

The non-officinal as well as the officinal medicines have been thoroughly considered. The title of each article is followed by a full synonymy, English, French, and German, together with Latin appellatives and popular names, such as are occasionally used in prescriptions and standard works, or through which articles may be recognized. Great care has been bestowed upon both the external and the structural characteristics of drugs, so that they may be readily identified and distinguished from those which resemble them, and in aid of this object illustrations have been introduced. Here is

presented, for the first time in a Dispensatory, a succinct account of the physiological action of medicines, and the results of experiments. The treatment which drugs undergo before they reach the hands of the pharmacist also receives attention and their adulterations, impurities, and means for detecting them have been pointed out. Whenever products can be advantageously prepared by the pharmacist, one or more processes have been given and explained. In treating of Therapeutics, the most trustworthy results of clinical experience are clearly set forth. A novel feature in this Dispensatory is the Therapeutical Index. Care has been taken to render it complete, in order that the inquirer may be enabled to learn all the more important medicines that have been employed in the treatment of each disease. In the appendix may be found tables of maximum doses, the leading reagents, tables of weights and measures, comparisons of the scales of different hydrometers, alcoholometers, thermometers, rules and tables explanatory of the metric system and approximate measures. In short, the National Dispensatory approaches so near perfection, and the work being *absolutely indispensable* to every enterprising physician, we do not yet precisely understand how anyone who expects to keep up with the times can manage to do so without a copy.

PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet M. D., surgeon to the Woman's Hosp. State of New York; 853 octavo pages, 130 illustrations. Published by Henry C. Lea, Philadelphia.

The unusual facilities which Dr. Emmet has had in the study and treatment of diseases peculiar to women, while associated with Dr. J. Marion Sims in private practice, as well as later in hospital service, qualify him to present much that is exceedingly valuable in this, as the Dr. styles it, his "clinical digest." This work by Dr. Emmet is not a reminder of the last shuffle of an old pack of cards, like some, with interpolations of no special import, but is really rich in new and available ideas.

We shall be surprised if this book is not eagerly sought for, especially by the younger members of the profession, to whom his instructions must prove invaluable. We are aware that a few years ago the stylish thing in New York, medically considered, was to engage Dr. Fordyce Barker, in obstetrics, and now it is Dr. Thomas in gynæcological cases. But fashion changes, and merit will in time prevail, though for the present kept in abeyance by

cheek and chicanery, as Dr. Sims has bitterly experienced. In the absence of Dr. Sims, we consider Dr. Emmet the ablest gynæcologist in the city of New York—vastly superior to some others who have *re-discovered* so very much more.

DISEASES OF THE ALIMENTARY CANAL, comprising those of the stomach, intestines, œsophagus, peritoneum, etc. By S. O. Habershon, M. D., physician to Guy's Hospital, London. Latest illustrated and revised edition of over 500 octavo pages. Published by Henry C. Lea, Philadelphia.

Whenever we learn that one of the physicians or surgeons of "old Guy" has given to the profession the sum of his experience in the form of a book, we want no testimonials from other sources to attest its merits. The position which Dr. Habershon fills gives him remarkable opportunities for collecting unique cases; and his extended clinical experience and scholarly attainments have enabled him to contribute such valuable accessions to the special subjects treated as to place his work in the front rank of authorities.

DISEASES OF CHILDREN. By J. Lewis Smith, M. D., Prof. in Bellevue Hospital Med. Col., etc. Fourth edition, thoroughly revised and enlarged. Published by Henry C. Lea, Philadelphia.

The author of this work has acquired an immense experience as physician to three of the large charities of New York in which children are treated. These asylums afford unsurpassed opportunities for observing the effects of different plans of treatment, and the results as embodied in this volume may be accepted with faith, and should be in the possession of all practitioners *now*, in view of the approaching season when the diseases of children always increase. Price, cloth \$4.50; leather, \$5.50

ATTFIELD'S CHEMISTRY. General, medical, and pharmaceutical, including the chemistry of the U. S. Pharmacopia. Henry C. Lea, publisher, Philadelphia.

The fact that this work has attained its *eighth edition*, and that it is rapidly becoming a leading text-book in colleges, is sufficient assurance that its merits are appreciated by the physician, the teacher, and the student. This edition has been carefully revised, and contains all the novelties in chemistry up to 1879. Price, cloth, \$2.50; leather, \$3.00.

EXAMINATION OF THE EYES. A manuel comprising lectures delivered at the "École Pratique" by Dr. E. Landolt, Paris. Translated by Swan M. Burnett, M. D. Published by D. G. Brinton, Philadelphia. Illustrated octavo, over 300 pages.

The translator, Dr. Burnett, has just handed us this volume, as we are about sending our Mss to press. If the publisher had not altogether overlooked us we would have had time in which to express our appreciation of this work. The fact, however, that Dr. Burnett thought it worth his while to translate it and superintend its progress through the press, is in itself credible proof of the excellence of the book.

THE following new books and new editions are in press or preparing for publication by Lindsay & Blakiston, Philadelphia.

ROBERTS. THE THEORY AND PRACTICE OF MEDICINE. The third American from the fourth London edition, revised and enlarged, with illustrations, one volume octavo.

SOELBERG WELLS. THE DISEASES OF THE EYE. The author's fourth enlarged and revised London edition; with additional plates and illustrations, one octavo volume.

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SELECTIONS.

CONDENSED FROM CURRENT MEDICAL LITERATURE.

IATROLIPTIC MEDICATION.—Prof. L. P. Yandell urges the more extensive use of iatroliptic medication; that is, the rubbing into the skin of drugs and nutritious oils. He has had satisfactory results from quinia by mixing it with glycerine, one drachm to one ounce, and rubbing in a sixth or a fourth of this daily. He has cured diarrhoea by rubbing tanic acid and glycerine into the abdomen, and has seen diarrhoea result from the inunction of croton oil. He has great faith in the inunction of cod-liver oil, olive oil or hog's lard in phthisis and marasmic conditions.—*Louisville Med. News.*

ANEURISM AND SOLID TUMORS—DIFFERENTIATION.—*MM. Franck and Boursier*, presented a patient to the Société de Biologie, Paris, suffering from abdominal aneurism, and gave as a proof of the correctness of the diagnosis, the following symptoms: (1) the pulse in the femoral was not synchronous with the radial pulse, but retarded; (2) increase of arterial tension by lateral compression upon the tumor emptied it. These symptoms, it was argued, would not be present in a solid tumor resting upon the aorta.—*Gaz. des Hôpitaux.*

VERMICIDE EXTRAORDINARY.—A few weeks since Dr. Sweet gave Mrs. C. the following mixture as a vermifuge: *R.* Santonini, sixteen grains; spigellii, ext. fld., one hundred and sixty drops; syr. simp., ad. two ounces. Mix. Sig. Teaspoonful morning and night. She gave it about equally between four children of her own, and one of the neighbor's children. The result was the expulsion of sixty-seven long worms. As having a possible bearing upon the question whether worms cause any special symptoms by their presence in the intestines, he says that the child for which the vermifuge was particularly desired, had, previously to taking it, several attacks of convulsions. They ceased with the expulsions of the worms.—*Med. Brief.*

TRAUMATIC TETANUS.—Dr. G. A. Evans reports (*Trans. Med. Soc. County of Kings*) a case in which nitrite of amyl seemed to do harm, but in which recovery followed the bold administration of cannabis indica.

PUERPERAL ECLAMPSIA—JABORANDI AND PILOCARPIN.—Prof. Boisligniere, St. Louis Med. Col., reports two recoveries. In one, two drachms of fluid extract jaborandi were injected into the rectum; in a short time very abundant perspiration and most profuse salivation took place, so great as to threaten the patient with suffocation, and she had to be turned on her side to allow the flow of saliva, which amounted to about two pints in a few hours. Two hours after the administration of the jaborandi, she passed nearly a quart of urine. A few hours after, the urine examined presented not a trace of albumen, (though previously containing a large amount.) One drachm of fluid extract of jaborandi injected again. From this time consciousness returned gradually; labor pains set in, very slow and feeble at first, but after a few severe pains, she was delivered of a dead child by the forceps. Recovery was slow but complete. In the other case, pilocarpin, the alkaloid of jaborandi, was used hypodermically, a Pravaz syringeful of a two per cent. solution, with no convulsions following.—*St. Louis Clinical Record.*

SKIN GRAFTING—MODUS OPERANDI.—Pinch up a small amount of the cuticle from the inside of the arm with a small pair of forceps, and divide it with a small pair of concave scissors, being careful not to draw blood, and get the slip free from adipose tissue; insert this piece of skin into the granulations about one inch from the margin of the sore, and repeat it in a similar manner until you have slips within an inch of one another all over the abrasion. The size of the piece of cuticle is not so material; the object to be attained is to have it grow; and it cannot take root unless it be buried into the ulcer. A piece of skin the size of a pin's head is large enough. When the grafts are all inserted, dress the sore with an artificial scab, made of adep porci, nine ounces, and thickened into a paste with English prepared chalk, twelve ounces, and spread over the sore and margins, retaining it there with a roller or adhesive plaster. Let this dressing remain on for three days, then redress by removing the artificial scab, and wipe the sore with a soft cloth. Never use any water in dressing old sores, for it seems to make them take on those horrible nocturnal neuralgias the night following. Wherever a slip has taken you will notice a small depression at that point, and if you think advisable you can insert other grafts, and dress as before, and so on until cicatrization is perfected. If the sore is on the lower limb, maintain quietude in the recumbent posture, and keep the leg elevated, as any pressure upon the ulcer at this time would cause most serious interference with the curative process.—*Med. and Surg. Rep.*

NIGHT SWEATS—CHLORAL HYDRATE.—Dr. Carpenter, Union Co., O., writes to the *Brief*: Attended a medical friend with a severe attack of intercostal rheumatism, which continued for seven weeks. After the acute stage passed, the patient was much prostrated, and convalescence retarded by profuse sweating during sleep, which symptom resisted some half dozen or more of the usual remedies. At the suggestion of the patient, I administered, one evening, two full doses of chloral hydrate, with the view only of obtaining "one night's sound sleep at any cost." No sooner was the patient completely pletely under the influence of the drug than the sweating ceased and returned no more, the patient making a rapid recovery. Impressed with the idea that I had *blundered* on a good thing; I have put it to the test in a number of obstinate cases of night-sweats, and with uniform success.

QUININE IN LABOR.—Dr. Gundrum advises to give quinia instead of ergot to stimulate uterine contraction. He says: "Let ergot alone as an oxytocic; at least never give it unless you have your stethoscope to keep track of the fetal heart, and a pair of obstetric forceps to deliver the child at any moment. Quinia can do nothing but good, and I advise it in preference to ergot every time. Use quinia and forceps, and leave ergot to be given just before delivery is to be completed to insure post-partum uterine contractions."—*Detroit Lancet*.

SORE-THROAT.—A gargle of great service in commencing angina, and in all chronic irritations of the throat, is prepared with carbolic acid and tannin, of each fifteen parts, alcohol sixty parts, distilled water one hundred and twenty parts. A teaspoonful in half a glass of water. Use occasionally.—*Cour. Med.*

CAMPBOR AND TOBACCO.—In an article in the *Practitioner* Dr. Edward Noakes says that in cases of overdose of tobacco, as in the sickness from smoking, &c., a dose of camphor has repeatedly proved antidotal in his hands.

JAUNDICE.—**BENZOICUM ACIDUM** has recently achieved a reputation as a valuable remedy in jaundice, due to suppression of the biliary secretions.—*M. and S. Brief*.

CHRONIC CYSTITIS.—**R. Acidi nitrici** dil, 5 drops; tinct. hyoscyam, 10 drops; decoct. pareiræ, 4 drachms. Three times a day.—*Med. Brief*.

SUB-RETINAL CYSTICERCUS.—It has been observed that *tæniæ* sometimes get out of the alimentary canal into the blood and wander occasionally through a vessel of the arterial coats under the retina in the neighborhood of the optic nerve and then develop into cysticerci. The retina then becomes more and more loosened at that point, and the patient's attention is first aroused by the appearance of a dark spot in the field of vision. A few months ago, Alfred Græfe, in Halle, published two cases where he had been able to determine the exact position of the cysticercus by means of the ophthalmoscope, and after turning the eye backwards, the place was hit by a cut through the sclerotic. In the first case a part of the worm was removed, and in the second, the entire worm.

Cohn operated upon a lady, 26 years old, who had suffered from tape-worm but a few months previously. Upon examination with the ophthalmoscope a living cysticercus was found under the retina, external to the optic nerve, near the posterior pole of the eye. Exactly in accordance with Græfe's description, he divided the external muscle at its insertion, turned the eye as far backwards as possible, and with a cataract knife made a cut of 10 mm. length at the determined spot through the sclerotic, and thus was enabled, with forceps, to remove the worm with its cyst of 7 mm. intact. The muscle was then sewed back to its place of division; compressions and cold applications were made. The operation was performed without anæsthesia. Healing was so rapid that the patient was out on the seventh day. The shape of the eye was preserved, the tension was good; no difficulty of movement, nor squinting nor color-blindness resulted. The field of vision was somewhat increased above; acuteness of sight same as before the operation. The position of the cysticercus was indicated by a bright white spot on the coat of the artery under the retina.—*Virg. Med. Monthly.*

UTERINE DISEASE—INFLUENCE ON NERVOUS DISORDERS.—A recent writer counts among the most notable instances of this, neuralgia supra-orbitalis, maxillaris, and laryngo-bronchialis (uterine cough;) also neurosis of the heart, causing painful palpitations, and spasmodic contractions of the bronchi (uterine asthma.) All these symptoms become aggravated at the time of the commencement of the menstrual flow. The author observed one patient affected with this kind of asthma, who had long passed the climacteric, but whose asthmatic attacks were always most severe at the time at which the menses used to appear. Ordinary asthma also becomes worse under the

influence of uterine disease. Uterine affections frequently give rise to spasm of various muscles and to paralysis of one or both lower limbs. Both of these conditions usually come on very gradually, and they never become complete. The peripheral reflex irritation caused by uterine diseases often acts in conjunction with other causes (*e. g.*, hereditary taint, defective nutrition, domestic trouble, etc.) in giving rise to mental disease.—*M. and S. Reporter.*

SUPPRESSION OF URINE—EXTERNAL USE OF DIGITALIS.—Dr. P. C. Russell in the *British Medical Journal*. Case: A married woman, aged 35, was attacked by acute albuminuria. The disease resisted the usual remedies. She became extremely œdematous, with congestion or œdema of both lungs. Respiration was repaid; the pulse weak and rapid. She became semi-comatose, and there was suppression of the urine for thirty-six hours. The case appeared hopeless; but, having read in the *British Medical Journal* a case in which the external use of digitails was effectual in restoring the secretion of the urine, I determined to try it. I ordered half an ounce of the tincture on a large linseed-meal poultice, to be applied to the abdomen. Next day I was agreeably surprised to find her vastly improved, quite conscious, and cheerful. The œdema was very much diminished. Respiration was easy, and in one hour after the application a copious flow of urine commenced and continued all night, and what was very remarkable, the urine, which the day before contained a large quantity of albumen, was now quite free from it. Convalescence was rapid, and she is now quite well.

ALTERATIVE PILL.—Dr. Q. C. Smith, of Clovedale, Sonoma Co., Cal., sends the following formula to the *Pacific Medical and Surgical Journal*: R. Quiniæ hypophosph, gr. xvi.; arsenici iodidi, gr. i.; calcii sulphidi, gr. xvi.; ext. nucis vomicæ, gr. ij. M. f. pil. xvi. One pill to be taken three times a day, just after meals. He has found this prescription very efficient in the earlier stages of consumption, and also in certain cutaneous affections, and to correct the furuncular diathesis.

DIPHTHERIA—BROMINE TREATMENT.—Dr. Sanne's plan: 1. Application of a spray of bromine water (1 part in 500, dissolved by the aid of a few grains of potassium bromide) to the fauces and nostrils. 2. Internally, the following mixture: R. Brominii, 6 gtt; potass. brom. 8 gr; syrupi, 1 fl. 3; aquæ, 4fl. 3. A tablespoonful every hour.—*Progres Med.*

PUERPERAL ECLAMPSIA—POTASSIUM BROMIDE.—Dr. Dumolard has had such success in treating ten cases of puerperal eclampsia with potassium bromide that he places it at the head of the list of remedies in opposing this disease. Its action is so certain that he does not hesitate to formulate the following: Potassium bromide, given and *absorbed* in a sufficiently large dose (five grams) immediately arrests the convulsion and assures the cure of the malady. He gives from sixty to ninety grains of the bromide, dissolved in water or orange syrup, in one dose, and in one half to three-quarters of an hour after, the convulsions cease.—*Lyon Med.*

CROUP—ATROPIA HYPODERMICALLY.—The sulphate of atropia in a one per cent. solution has been used with success in the treatment of a case of croup which threatened a fatal termination. Dr. De Poutenès, of Antibes, reports in *L'Union Medicale*, that in the third day of the attack death seemed inevitable, medication having failed of benefit; the epigastrium was retracted, the face and neck swollen and purple; three drops of the solution was injected on the left side of the neck, on a level with the pneumogastric; although there was in a few minutes improvement, in four hours the dose was repeated, amelioration was decided, and in a few days recovery was complete.—*Amer. Jour. Med. Sc.*

INTRA-UTERINE INJECTIONS—POSSIBLE DANGER.—After the removal of a fibrous tumor of the neck, Dr. Rheinstadter made an intra-uterine injection with a ten per cent. solution of carbolic acid. One day he remarked that after penetrating the uterine cavity only a small portion of the solution returned. All at once, the patient fell unconscious, the extremities were taken with tonic convulsions, the face became pale and covered with sweat, the respiration was suspended and, later, became slow and superficial, the pulse could hardly be counted, and the abdomen became distended. Nevertheless, Dr. R. immediately made a sub-cutaneous injection of musk and ether. Soon the pulse increased, and after four hours the patient regained consciousness. There was no general peritonitis, as there was reason to fear.—*Lyon Medical.*

CHRONIC GRANULAR PHARYNGITIS.—Dr. Mandl, of Paris, eminent as a specialist in diseases of the throat, uses the following in chronic pharyngitis. R. Carbolic acid, 0.10 Gm; iodine; iodide of potassium, āā. 0.20; glycerine, 0.10. Mix for a lotion. This is applied, by means of a brush, several times a day.

NIGHT SWEATS OF CONSUMPTIVES.—Dr. Rankin writes to *N. Y. Med. & Surg. Brief*: An exceedingly valuable remedy for the distressing and oft-times rebellious night-sweats of consumptives will be found in the following mixture, which with me has rarely failed: *R.* Ex. pruni virg., ex. hyoscyami, ex. ergotæ. aa fl, 3 ss; acid. aromati. sulph. ; tinct. kino, aa 3 iij; *M.* Sig. Half a teaspoonful in water thrice daily.

CHRONIC CHLORAL POISONING.—The fatal dose of chloral, according to various authorities, varies from 180 grains to 30, or even 10 grains, whereas, in the treatment of delirium tremens, an ounce has been administered in twenty-four hours with only good results. Dr. Frank Woodbury attributes these differences to variability in the quality of the remedy on the one hand, and idiosyncrasy on the other, *e. g.*, anæmia of the nerve-centres, cardiac debility, dilatation, or obstruction. A man who took chloral to quiet sleeplessness and nervousness, following stoppage of a habit of taking alcoholic stimulants, gradually increased the dose to a drachm and a half daily. After a period of four months this was stopped rather abruptly, and resulted in decided evidences of disturbed nervous action, such as delirium, muscular weakness, sweating, nausea, anorexia, etc., from which he recovered with the aid of morphia.—*New Rem.*

DIABETES MELLITUS.—The *Canadian Lancet* reports two cases of diabetes mellitus cured by the use of extract of nux vomica. They are spoken of on the authority of Dr. E. Tarzana, of the *Gaz. Med. de Roma*. At first, three-quarters of a grain of the alcoholic extract of nux vomica dissolved in three ozs. of distilled water were given daily, and this dose was increased by three-quarters of a grain every three days until physiological effects manifested themselves or the diabetic symptoms diminished.

ERYSIPELAS—PERMANGANATE OF POTASH.—Permanganate of potash is a valuable local remedy in the treatment of erysipelas. Two grains of it dissolved in an ounce of water, and applied as a wash, will soon subdue the inflammation. Tincture of iron should be given every three hours, until a cure is effected. Tincture of veratrum is the best remedy to subdue the fever, as it also subdues the inflammation.—*Louv. Med. News.*

THREATENED ABORTION—VIBURNUM TO PREVENT.—Dr. L. B. Edwards reports the successful use of the concentrated tincture of viburnum

in a case of threatened abortion. Dose twenty drops, repeated every half hour. The woman was three months "gone." The hemorrhage and pain ceased, and she is now going about. Another woman, about the third or fourth month of pregnancy, was taken with hemorrhage and pains, and the os uteri was dilatable. Two teaspoonfuls of the fluid extract of *viburnum prunifolium* were administered, and one teaspoonful was repeated every hour. The mouth of the womb contracted insensibly to the patient, and the hemorrhage and pains ceased, and viable pregnancy now exists, as manifested by quickening. Dr. Edwards has also used *viburnum* beneficially in cases of neuralgic dysmenorrhœa or menorrhagia. Dr. J. G. Skelton has used *viburnum prunifolium* with success in a case of threatened abortion. It produces a slight anodyne effect upon the uterus. There was a decided contraction and hardening of the uterus in his case, with closure of the os uteri; but without pain to the patient.—*Va. Med. Monthly*.

ONYCHIA MALIGNA.—Dr. Cocata Gaetans reports three cases of onychia, in which he first applied a strong solution of sulphate morphia to the diseased finger, and when sensation was dulled, dusted over the part some nitrate of lead in powder. No pain, or only slight pain, was experienced. In the course of a few days the crust was removed, and a healthy cicatrized surface was left.—*London Practitioner*.

ESMARCH'S TREATMENT OF CANCER.—Fowler's solution, one drop three times a day for three days, then increase the dose by one drop every three days till intolerance of the remedy follows. Apply the following locally: Acid arsenious and morphia muriate, each, 0.250 gmm; calomel, 2.00 gmm; powdered gum arabic, 12.00 gmm; M. At first sprinkle only a little upon the ulcer, gradually increasing the quantity to a teaspoonful. This overcomes the odor, causes a hard eschar to form, and healthy granulations take place.—*Mich. Med. News*.

HERPETIC AND SCROFULOUS ERUPTIONS.—*Herpetic eruptions* are not found in children; and, in adults, they generally appear in persons over thirty years of age. *Scrofulous sores* have often been called herpetic. In these, the use of arsenic is injurious. Iodide of iron, cod liver oil, and iodide of sulphur, assisted by appropriate local remedies, are most suitable. Scrofulous eruptions become malignant when badly treated or left to nature, and become one of the strongest

proofs of a scrofulous constitution. The matter of scrofulous sores is acid; that of herpes alkaline. Scrofulous nursing children are fleshy, beautiful, and appear robust; those of syphilitic parents are the reverse, and have an old look in their features. Therapeutics can do but little for syphilitic children. The evil is great, and the children small and debilitated.—*Rev. de Med., Va. Med. Monthly.*

ACTION OF MEDICINES UPON THE FŒTUS IN UTERO.—This subject has received considerable attention at the hands of quite a number of European physicians, and offers a field well worthy of careful research. The anti-syphilitic virtues of mercurials and of iodide of potassium, when given with a view to their influence upon the fœtus, have been well established by Weber, of St. Petersburg, and others. Recently numerous experiments have been instituted in Germany demonstrating the possibility of certain substances entering the circulation of the child when administered to the mother. Dr. Gusserow, of Strasburg, after administering iodide of potassium in full doses to the mother for some days or weeks prior to delivery, detected iodine in the liquor amnii and fœtal urine. Benicke gave salicylic acid to twenty-five women during labor, and found it in the urine of the children immediately after birth.—*Obst. Gaz.*

STRYCHNIA POISONING.—I was aroused by a servant telling me that a favorite Skye-terrier was lying dead. I found that the dog had got about one-sixth of a grain of strychnia; it lay on its side perfectly rigid; an occasional tetanic spasm showed that life was not quite extinct. I at once injected under the dog's skin forty-five grains of chloral in solution. In a quarter of an hour, fancying the dog was dead, as the spasms had ceased and it lay apparently lifeless, I moved it with my foot, when it at once struggled to its feet, and shortly afterward staggered to its usual corner by the parlor fire; it took some milk, and, except for being quieter than usual, seemed nothing the worse for the ordeal it had passed through. That the fatal effects of a poisonous dose of strychnia were thus counteracted so successfully by what I should say was a poisonous dose of chloral, given hypodermically, is an interesting fact.—*Corresp. Canada Med. Jour.*

SPERMATORRHŒA.—Dr. Waring, cured an obstinate case with extract of *lactuca sativa*, two grains gradually increased to eight daily. Dr. C. L. Mitchell used ergot satisfactorily, administering it daily in doses of one-half to one drachm.—*Med. Brief.*

INFLAMMATION OF THE BREAST—PHYTOLACCA DECANDRA.—We find in the *Med. Summary* the following from Dr. Andrews: Phytolacca has deservedly become a popular remedy with some physicians. My attention was first called to the above remedy three years ago, and ever since I have been using it in inflammation of the mammæ whenever opportunity afforded itself to do so, and, I must say, without a single failure in quite a number of cases. My plan of treatment is as follows: As soon as any symptoms of inflammation make their appearance, or my attention is called to it, I prescribe ten to twenty drops of the fl. ext. phytolacca decandra every three or four hours. The breast should be fully bathed with the fl. ext. or tincture of phytolacca, and a woollen cloth wrung out of hot water applied as hot as can be borne, which facilitates the cure, and gives the patient a grateful feeling of relief.

INFLAMMATION OF EAR—SULPHIDE OF CALCIUM.—Dr. Samuel Sexton (*Am. Jour. Otology*, January, 1879,) has used this preparation with great success in the affection indicated. He gives it in nearly all cases where inflammation of the meatus externus is a symptom in some stage or other of the disease, but especially in those where suppuration has occurred or threatens to occur. He also employs it in cases where caries of the bone, periostitis or extensive destruction of the tissues have already taken place. Under this treatment furuncles in the meatus are frequently observed to abort and dry up without a discharge of pus. In cases where the pain is urgent from distention, or collections of pus too large to be absorbed exist, of course free incisions are to be employed. He gives of calcium sulphide, 1 part; sugar of milk, 9 parts; well triturated; doses of one grain every two or three hours in urgent cases; less frequently in those that are subacute. In children, the dose should be less; a grain of the trituration may be diffused in water. The medicine is usually given dry upon the tongue, and the only unpleasant symptom provoked is occasional nausea, caused by its disagreeable taste.

TETANUS—CHLORAL HYDRATE LOCALLY.—Dr. Bigelow reports, in the (English) *Practitioner*, a case of tetanus caused by a rusty nail penetrating the foot, which was relieved in less than twenty minutes by introducing a drachm of chloral hydrate into the wound after it had been enlarged by incision.—*Canada Lancet*.

RENAL CYST MISTAKEN FOR OVARIAN.—Patient aged 49, previous history good. Had borne five children to term and two miscarriages.

Ten months since she noticed a tumor developing in the left iliac region, which in the last two months had increased rapidly in volume. Patient became emaciated. No albumen in urine. Tumor movable in every direction, 6 by 7 inches in diameter. Fluctuation very perceptible. Diagnosis, ovarian tumor. Operation. On opening abdomen, both ovaries discovered to be healthy. On puncturing the cyst $2\frac{1}{2}$ pints of fluid escaped. Cyst adherent to kidney, which was degenerated in its lower portion. The renal vessels and ureter were tied, and the kidney removed with the cyst; four months later recovery complete.—*La France Med., Hosp. Gaz.*

OBSTINATE VOMITING—IODIDE OF POTASSIUM.—Dr. Formica Corsi states that he has cured with this drug cases of persistent vomiting that proved rebellious to the usual methods of treatment, and that he has known it to be equally successful in the hands of other practitioners. He cites the case of a woman who was suffering from typhoid fever, and was at the same time in the second month of pregnancy. The vomiting resisted all the known anti-emetics. Finally he ordered a teaspoonful, every hour and a half, of a mixture consisting of half a grain of iodide of potassium in three ounces of water. On the following day the vomiting had ceased. Dr. Giné confirms this statement concerning the anti-emetic properties of the drug, and states further that, when given in doses of one-sixth to five-sixths of a grain per diem, it possesses decided laxative qualities.—*Gaz. Obstet., Mich. Med. News.*

VOMITING OF PREGNANCY.—The following is said to be a sovereign remedy: R. Tinct. nucis vom., liq. bismuthi, āā ʒss. M. Sig. Teaspoonful three or four times a day, just after each meal.—*Maryland Med. Jour.*

ERGOT vs. LACTATION.—Dr. Russell (*Amer. Med. Bi-Weekly*, Jan., 1879,) reports to the Bell Co. Med. Society a case where the secretion of milk was entirely prevented by the use of ergot until the eighth day. Ten hours after the medicine was discontinued the secretion of milk was quite free, but was at once checked by the use of ergot again.

RHEUMATISM—TURPENTINE-VAPOR BATHS.—Turpentine-vapor baths in rheumatism are highly recommended for the chronic form. Place the patient in a wooden chest, allowing the head to remain free. Conduct into this wooden chest steam loaded with oil of turpentine

spray. The temperature of the bath should be 104° F. to 113° F. Let the patient remain therein about fifteen minutes. Repeat them according to the nature of the case.—*Med. Record.*

IMPENDING SUFFOCATION—NITRITE OF AMYL.—Dr. T. W. Hewitt, of Mariana, La., writes us of his remarkable success in restoring to life a still-born child by means of nitrite of amyl and artificial respiration. This substance stands at the head of the remedies for chloroform-poisoning, according to foreign authorities, and in drowning and suffocation it has been recommended. In violent paroxysms of asthma and in angina pectoris we have gotten delightful results from it. It is not the dangerous thing it was first supposed to be, and may be used in ten or twenty-drop doses, or more, without fear. We apply it upon a handkerchief, as we would perfume, by holding the handkerchief to the mouth of the uncorked bottle with the finger, and shaking it till the spot under the finger is saturated. The patient is then directed to take long, full, deep inspirations, and two or three breaths often suffice to give relief. It is to be repeated as needed, and may be left with the patient to use at discretion.—*Lowv. Med. News.*

CROUPOUS PNEUMONIA—DIRECT ABSTRACTION OF BLOOD FROM THE LUNGS.—Dr. N. Finn states that in croupous pneumonia, with commencing œdema of the lungs, he obtained the best results by the direct withdrawal of blood from the lungs by means of Dieulafoy's apparatus. This is proven, he claims, to be a harmless procedure, and is, in his opinion, decidedly preferable to the usual modes of bleeding.—*St. Petersburg Med. Woch.*

TRIGEMINAL NEURALGIA.—Dr. E. C. Seguin, New York, read a paper on the treatment of trigeminal neuralgia by Duquesnel's aconitia, in doses of from one two-hundredth of a grain to one eighty-fourth of a grain, three times a day. Duquesnel's aconitia seems to be different in its action from the other forms of aconitia, and should be considered as a powerful agent for relieving and curing trigeminal neuralgia. Form for administration—R. Aconitiæ (Duquesnel's,) gr. .1; glycerinæ, ʒj; alcohol, ʒj; aq. menth. pip., ad ʒii. M. One teaspoonful (one hundred and fortieth of a grain) two or three times a day on an empty stomach.—*Hosp. Gaz.*

HABITUAL CONSTIPATION.—R. Ext. bellad., gr. x; ext. nucis vom., gr. xx; ext. colocynth comp., ʒviiij. Ft. mass. D. in pil. No. xl. S. One every night, or as often as needed.—*Med. Sum.*

CROUP AND ACUTE LARYNGITIS—APOMORPHIA.—Dr. Smidowitsch (Med. Woch.) recommends apomorphia as an expectorant, in doses of one-sixth to half grain every hour (one to one-third grains *pro die*) in cases of croup and acute laryngitis.—*London Med. Record*.

PYOPERICARDIUM.—Dr. Douglas (Trans. Detroit Med. and Library Association, January, 1879,) related a case in which he removed fifty-four ounces of pure pus from pericardium with the aspirator. The symptoms were very urgent, and the operation was followed by marked relief. The patient rapidly improved, and the operation was certainly indicated, and its success is very encouraging in similar cases.—*St. Louis Clinical Record*.

UNUNITED FRACTURE—IODINE INJECTIONS.—A case of unmanageable ununited fracture of the tibia was successfully treated by Dr. Guyon, at the Hospital Necker, Paris, by three subcutaneous injections of tincture of iodine between the ends of the bone. Union was complete in six weeks.—*Medical Record*.

ALBUMINURIC RETINITIS.—Prof. J. J. Chisolm, Baltimore Med. Soc., reported a case of albuminuric retinitis, in a young lady, whose only manifest annoyance from serious kidney disease was the more or less sudden disturbance of vision. For this trouble she came under his treatment. The ophthalmic examination of the retinae was unmistakably characteristic of Bright's disease, so that he was induced to examine the urine, when he found one-fifth in bulk of albumen deposited by heat, and also tube casts with the microscope. This lady, nineteen years of age, had never had any discomfort whatsoever prior to the eye complication under treatment. Sight for the finest print has been restored; but still the peculiar glistening, fatty degeneration at the central axis of vision is as marked as when first examined.—*Virg. Med. Monthly*.

INFANTILE COLIC.—Dr. J. P. F. Brunner says: "I frequently have been called to treat cases of infantile colic, and found the use of opiates to produce only a temporary relief, and finally stun the system. I, therefore, present to the profession the following prescription, which I find gives almost instantaneous relief, and effects a permanent cure." R. Tinct. asafetidæ, 15 drops; tinct. cinnamoni, 3½; sodii carbonas, 31; syrup rhei aromat, 33; aquæ fontanæ, 3iss M. Dose, half a teaspoonful every three hours.—*Med. Summary*.

BURNS—VASELINE.—Dr. Q. C. Smith writes to the *Nashville Med. Jour.* The following mixture I have used for relief of burns, deep or superficial, and find it better than those mixtures recommended by our standard works: R. Vaseline, pure, ℥iij; sub. nit. bismuth, ℥j; M. Ft. salve. S. Spread on soft, thin cloth, or tissue-paper and completely envelop the burned surface. This salve at once relieves or greatly mitigates the pain. For the relief of sore eyes, caused by the acrid fumes that emanate from smelting or reduction works, I have found pure vaseline par excellence. Astringents only aggravate such cases. I have found vaseline a splendid embrocation for anointing the bodies of scarlet fever patients.

DIPHTHERIA—CAUTION AGAINST CAUSTICS.—Dr. Beaupoil (*La France Med.*) combats the employment of caustic in diphtheria. His conclusions are as follows: 1. Caustics, and especially liquid caustics, extend their action beyond the false membrane in contact with the peripheral mucous membrane, destroy the epithelium, facilitate the extension of the false membrane and the inflammatory swelling. 2. Cauterization is the principle cause of the extension of the false membrane from the tonsils to the pharynx, etc. 3. Pharyngeal cauterization, and especially that effected with nitrate of silver, favors the development of diphtheritic paralysis. He recognizes the importance of astringents and disinfectants locally, and of tonics, wine, alcohol and preparations of cubebs internally.

INFANTILE ECLAMPSIA—NITRITE OF AMYL AND MORPHIA.—Dr. Hays, (Engel,) relates important results from the use of morphia, subcutaneously, in conjunction with inhalation of nitrite of amyl, in extreme cases of infantile eclampsia. The indications for the use of these remedies being decided paleness of surface, showing an almost tetanic contraction of the arterioles. The amount of amyl inhaled in the severest case, was five drops, administered immediately after the hypodermic use of $\frac{1}{4}$ gr. morphia. The patient was eighteen months old, and subject to severe convulsions, of which three children of the same family had died. This addition to therapeutics in these terrible cases promises to be most valuable.—*Phila. Med. Times.*

SYPHILITIC SORE THROAT—GARGLE.—R. Hyd. bichlor, gr. vj; acid hydrochlo, gtt. xij; syr. simp. ℥i; aquæ dist. ad. ℥ viij. M. S. Use several times a day.—*N. Y. Brief.*

SALICYLIC MIXTURE.—The following is conceded to be the best formula yet proposed: *R.* Acidi salicylici, 3j; spiritus ætheris nitrici, f. 3vj; sodii bicarbonatis, gr. lxx; spiritus lavandulæ comp., f. 3ij; aquæ, f. 3ij; syrupi aurantii corticis, ad f. 3vj. *M.* Sig. A teaspoonful every 3 or 4 hours. "In preparing this prescription, mix the acid and the spirits of ether in a bottle, then add the soda, and afterward the water, gradually, till effervescence ceases, and then the lavender and the syrup. This compound is palatable, and agrees well with the stomach."—(*Naphey's Med. Ther.*, p. 430.)—*M. and S. Reporter.*

ANTIPYRETIC—BROMO-HYDRATE OF QUININE.—Esquerdo and Cahis (Independ. Med. and Courier Med.) found this salt reduce the temperature in typhoid fever four to six degrees Fahr., given in doses of fifty to seventy centigrammes (seven to ten grains.) It has also been used in phthisis.—*The Doctor.*

RETENTION OF URINE—ERGOT HYPODERMICALLY.—M. Luton, Rheims, employs a mixture of one part of tincture of ergot in five parts of alcohol at 90°, by hypodermic injection, in the treatment of inorganic retention of urine. The dose he employs is from seven and a half to thirty drops, fifteen drops of the solution being equal to three grains of powdered ergot. He has used it in the paralysis of the bladder accompanying typhus, confluent variola, and acute hydrocephalus. He makes the injection in the fossa behind the great trochanter. Within half an hour, and sometimes within a few minutes, a complete and forcible evacuation of the bladder takes place. He has never observed an eschar of the skin or a gangrenous abscess after the injection.—*Lyon Med.*

DIABETES—POTASSIUM BROMIDE.—Dr. Grove reports a case of diabetes mellitus in a child six years old, who, before treatment was begun, passed from one to one and a half gallons of urine a day. He calculated that, in the course of about six weeks, the child had passed about ten pounds of diabetic sugar. The patient was put upon bromide of potassium, and now the daily quantity of urine voided is reduced to about a quart.—*Va. Med. Monthly.*

RETINAL GLIOMA.—Dr. Henry G. Cornwell, of Youngstown, reported this case: *R. M.*, aged 20 months, an intelligent male child, was brought to my office by his mother. A peculiar white appearance had been noticed eleven months ago by the parents in the left eye,

behind the pupil, and upon subjecting the organ to tests, it was found to be sightless. It was allowed to remain in this condition until two weeks ago, when the anxiety which its supposed enlargement occasioned led the parents to solicit surgical advice. *Examination.*—Vision = 0. Tension of globe increased, iris and lens pushed forward against the cornea by a foreign growth of strikingly white appearance. The ophthalmoscope revealed its division into three lobes, which were richly covered with vessels. My diagnosis was retinal glioma—a malignant tumor, peculiar to the connective tissue of this structure, and the neuroglia of the brain; prognosis very unfavorable. *Advice given.*—The immediate removal of the eye, as the only means of prolonging the child's life. This was taken in a questionable manner, and will be unheeded until the globe is ruptured, and a fungoid mass protrudes from the orbit.—*Toledo Med. and Surg. Jour.*

WARTS—CHROMIC ACID.—The *Revue Medicale* says three or four applications of chromic acid suffice to cause the disappearance of warts, however hard and thick, and of whatever size. The application causes neither pain, suppuration, cicatrices; the only inconvenience being that the warts become of a blackish-brown color. An old remedy but good.—[Ed.]

INTESTINAL CATARRH—TANNATE OF BISMUTH.—Dr. Lederer, of Vienna, highly recommends this salt as a remedy for gastric and intestinal catarrh in children. It is administered, in cases of persistent diarrhoea, in quantities of 1-2 grams (15½-31 grains) *per diem*, and is advantageously combined with Dover's powder, if tenesmus is present.—*Pharm.*

ENLARGED SPLEEN.—Iodia has recently been given by the editor of this journal with the best effect in the treatment of enlarged spleen following an attack of acute splenitis of malarial origin.—*St. Louis Clin. Rec.*

TINEA DECLAVANS.—A case is reported in the *Phy. and Surg.* in which the hair had fallen from three large patches on the head, and a portion of the beard had also fallen. After exhausting other plans of treatment, the following was tried: per chloride of mercury in acetic acid, one grain to the ounce, and had the head rubbed daily with bay rum. There is now a fine growth of hair on the former bald spots.

Miscellany.

MICROSCOPIC TORMENTORS.—The acari constitute a large order of minute animals, including mites, ticks, itch insects, etc., with which, in some of their forms, every one is more or less familiar, though, owing to their small size and obscure ways of living, but little is known of their structure and habits. They are often spoken of as insects, but are by scientific classification separated from the true insects, the most marked distinction being the possession of eight legs instead of six. Usually they are furnished with suctorial apparatus. They are parasitic on both the animal and vegetable kingdoms. No class of animals is free from them. They prey upon each other; insects are infested with and support them at the cost of their lives; they attach themselves to fish and cold-blooded reptiles, and colonize on the whole range of birds and mammals. Some live under the skin, burrowing in the muscles; others dig corridors beneath the epidermis; while others, again, wander only on the surface. They are found in the lungs, air-passages, and intestinal canals of vertebrates. Sometimes, especially in the tropics, they inflict considerable suffering; but it is probable that, on the whole, they are beneficial to man. A few directly injure him, and none directly benefit him, but indirectly they do him service by preying, as will be seen, on insect pests, and by acting as scavengers. The number of species in this family is so great as to forbid any detailed description, or even the merest mention of all of them. A French microscopist has announced the discovery, on the person of the minute pinnularia, of an exceedingly active, vigorous, and agile diatom, which is altogether an extraordinary affair. As Hudibras says:

Big fleas have little fleas upon their backs to bite'm,
And little fleas have lesser fleas, and so ad infinitum.

—*Leland.*

ANOINTING.—H. Guard Knaggs, M. D., F. L. S., during the past eleven months, has been testing, with uniformly successful results, the value of a very simple method of treating such complaints as atrophy, bronchitis, convulsions, diarrhoea, febrile disturbances generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin. The treatment simply consists in smearing with salad oil the whole surface of the body, from the

crown of the head to the tips of the fingers and toes, the process being repeated every twelve, six, or even four hours, according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the fluid should be slightly warmed. The application of oil possesses the following immense advantages over the ordinary warm bath :

1. Skin-action is more completely and permanently restored.
2. The danger of reaction is avoided, for there is no sudden change of temperature ; and, moreover, the sheet of oil protects the surface from atmospheric influences.
3. It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient.
4. It does not depress, but, on the contrary, appears to exhilarate. In all the cases, both in children and adults, great benefit resulted, the disease abating and the patient becoming fleshy.

—*Sanitarian.*

DIPHTHERIA.—The extreme drouth has lowered all wells, and many of them are loaded with organic matter and utterly unfit for use. In cities and large villages most wells are in close proximity to drains and vaults. More or less fluid escapes from these throughout the porous soil, and poisons all pure water which receives it, and it is believed such well-water causes diphtheria, as in no case has there been diphtheria where they use white spring water. This is a fact so well recognized in cities that in many places wells have been filled up.—*Geneva Cour.*

ADULTERATION.—Even the bees themselves may be made the agents of honey adulteration. A resident of Flatbush has discovered that glucose, the very substance alleged to be employed by sugar refiners in their industries, may be fed to bees, and thus used to adulterate the honey in the comb, before industrious man has a chance at it. The busy bee is said to be quite partial to glucose, although it can scarcely be the appropriate article for his sustenance—a case of depraved instinct, reminding of the cows who are said to refuse to eat hay, grain, etc., when once they have created a taste for distillery swill.—*N. Y. Med. Record.*

PAPER-HANGER'S PASTE.—A good paste is made by mixing a strong solution of shellac four parts, and borax one part, in boiling water, cool and add wheat, or better starch-flour to proper consistency.

QUAKERS—LONG-LIVED.—It appears from the annual list of the members of the Society of Friends that the number of deaths among that body during the past year, in Great Britain and Ireland, was 281. There are about 17,000 members; the mortality is consequently much below that of the population generally. The cause of their exceptional longevity are explained in the old couplet—

“Temperance, cleanliness and repose
Slam the door in the doctor’s nose.”

ELASTIC BANDS ON BATTLE-FIELDS.—It has been recommended that all regiments of soldiers should be provided with simple elastic bands for use on the battle-field in order to stay the flow of blood until the arrival of the surgeon.

INTEMPERANCE IN SWEDEN AND NORWAY.—Chronic drunkenness is punishable by imprisonment. The only food given to the drunkard whilst he is in jail is bread and wine, the former broken up and soaked in the latter at least an hour before it is served. The first day the prisoner accepts his meals with great pleasure, the second day the bill of fare, according to his ideas, is rather limited, and the following day it is only with increasing difficulty that he can force himself to eat a morsel. After eight to ten days of this treatment, such a distaste for this food arises that the prisoner condemns himself to total abstinence. After leaving the jail, drunkards with very few exceptions, are so radically cured that even the odor of alcohol produces in them an invincible disgust.—*L'Union Medicale*.

TOOTHACHE DROPS.—R. camphoræ; ol. caryophil; ol. cajeput; chloroformis; acd. succini; tr. opii; of each one scruple. Mix. Soak a small roll of cotton in this mixture, and insert in the cavity, and rub the surrounding gum with the liquid, pro re’n.—*Dr. Patze, D. C.*

GARTERS AND VARICOSE ULCERS.—The vast number of ulcerated legs treated in the out-patients departments of hospitals, in work-house infirmaries, and in private practice, arise from varicose veins. Now a varicose ulcer is caused by a distended condition of the veins of the leg, which have to sustain the pressure of the blood caused by gravitation. The most frequent and flagrant cause of obstruction is the elastic garter. Children should never wear them at all, as the stockings can be perfectly well kept up by an attachment of elastic straps to the waistband. If garters are worn, it is important to know how

to apply them with the least risk of harm; at the bend of the knee the superficial veins of the leg unite, and go deeply into the under part of the thigh, beneath the ham-string tendons. Thus a ligature below the knee obstructs all the superficial veins; but if the constriction is above, the ham-string tendons keep the pressure off the veins which return the blood from the legs. Unfortunately, most people, in ignorance of the above facts, apply the garter below the knee.—Dr. Bond in *Pop. Sci. Mo.*

TOBACCO SMOKING AND DEAFNESS.—The writer of this paper, whose name is not given in the journal from which we take the extract, calls attention to the fact, that up to the present time, the injurious influence of smoking on the organs of hearing has received but little attention; and so far as it has been observed, the deafness produced by tobacco was supposed to be caused by the injurious effect on the nervous system. While acknowledging that nervous deafness may be and is occasionally caused thus, he states that it is much oftener due to the irritating action of the tobacco on the mucous membrane of the posterior nares, the Eustachian tube, the pharynx and also in the pharyngeal muscles, and those of the soft palate.

He thinks that chewing is much less liable to cause these troubles than smoking, because the tobacco smoke comes in contact with a much larger surface than the saliva impregnated with tobacco. Cigarette smoking, he considers most injurious, because the smoke is so often blown through the nose, and at the same time enters the Eustachian tube. The tobacco smoke is laden with fine particles, which gain access to the middle ear and irritate its lining membrane. While this does not admit of actual demonstration, it is rendered highly probable by the fact that disturbances of taste and smell are unquestionably produced in this manner, and are frequently observed in habitual smokers. The long continuance of such an irritation gives rise to a chronic inflammation of the middle ear. The characteristic want of sensibility in the mucous membrane of the throat and nose of smokers who suffer from chronic angina is due to the benumbing influence of tobacco.—*Virg. Med. Monthly.*

Facetiae.

A DOCTOR, returning from a day's hunt, complained that he had killed nothing. "You haven't been attending to your legitimate business" replied his wife.

A LADY, quite well known in Philadelphia, recently remarked to her physician that she thought the air of Newport was quite enervating. It seemed to her that there was not enough *sozodont* in the atmosphere.

"DOCTOR, my daughter seems to be going blind, and she's getting ready for wedding, too. Oh, dear me, what is to be done?" The Doctor replied, "Let her go on with the wedding, madam, by all means. If anything can open her eyes, marriage will.—*Obst. Gaz., Cin.*

A PATENT-MEDICINE man posted hand-bills in every available spot in a village, the other morning, and before night fifteen goats had crammed themselves so full of medical literature, and felt so inspired to fill some "long felt want" that two-thirds of them applied for professorships in homœopathic colleges, while the others *went for* the sanitary interests of the country.

A HARD TROCHE.—A New York paper says that a popular doctor in that city, while escorting a lady home the other evening, attempted to relieve her cough and sore throat by giving her a troche. He told her to allow it to dissolve gradually in her mouth. No relief was experienced, and the doctor felt quite chagrined the next day when the lady sent him a trousers button, with a note, saying that he must have given her the wrong kind of troche, and might need this one.—*Ex.*

THE PHYSICIAN.—The following is a translation of an epigram written by Cordus in the sixteenth century:

"The physician like an angel seems,
When he in the sick-room brightly beams;
And like unto a god is he
When he's removed the malady.
But in a different light we view
The doctor when his bill is due;
Our alter'd eyes we at him level,
As though he were the very devil."

NATIONAL Medical Review.

WALTER S. WELLS, M. D.

Editor.

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No. vi.

CONTRIBUTIONS.

SPONTANEOUS FRACTURE OF THE LONG BONES OF AN INFANT.

REPORTED BY

ROBERT REYBURN, M. D.,

Late Professor of Anatomy Med. Dep. Georgetown University, Washington, D. C.

On December 26th, 1878, I was called in consultation with Dr. James T. Sothoron to see a patient of his, an infant of four weeks old, who was suffering from spontaneous fracture of both femoral bones, and also of the left humerus at the time of my first visit.

Inquiry into the circumstance of this case elicited the following facts, which are deemed of sufficient interest to lay before the profession: The child, an apparently healthy, white male infant of full term, was born on Thursday, November 28th, 1878, and presented no appearance that could be called abnormal until three days after birth, when without any assignable reason it commenced to scream most violently, and was apparently in agonizing pain. Dr. Sothoron being absent a neighboring physician was called in, and he supposing that the infant suffered from colic prescribed accordingly, but of course without any relief. On the arrival of the attending physician next morning he examined the child and found a fracture of the left humerus near the middle of the bone, and thinking that perhaps it had occurred from careless handling of the infant, he applied a temporary splint to the arm. Three weeks after this time, and when the child was nearly four weeks old, he found that spontaneous fracture had occurred in the upper third of the right

femur, and three days afterwards the left femur was found to be broken at the same part of the bone as the right. As above mentioned the condition of affairs on my seeing the child for the first time seemed extraordinary enough, but I confess I was considerably astonished to find that the left humerus had broken again at the upper part of the bone just at the junction of the epiphysis with the upper part of the shaft, (this occurred three days subsequent to my first visit,) so this unfortunate infant had under treatment at the same time a double fracture of the left humerus with fracture of both thigh bones. As will be readily imagined it was a troublesome case to manage, but finally recovered from all the fractures without any appreciable deformity. After trying several plans for the treatment of the fractured thigh bones they were finally treated by sole-leather splints reaching from the knee to the inguinal fold, and retained in position by a light dressing of plaster of Paris bandages. The fractures of the arm were treated by paste-board splints in the plaster of Paris bandages, and the result in all the fractures was excellent. The next and most interesting point in the case perhaps was to discover what could be the cause of this excessive fragility of the bones in this infant.

The parents were and are both healthy, though the mother is somewhat anaemic, and there is no specific taint or hereditary disease that could be traced either in themselves or their parents that would account for it; I felt satisfied after making careful inquiry that the cause was excessive and prolonged lactation.

This child was the fifth child of its parents, and the mother persisted (against the advice of her physician) in nursing her children during her successive pregnancies, and in fact generally until within a very short time previous to her accouchements. Independently of the dangerous effects of this practice to herself, it is apparent that the mother from this nearly continuous drain upon her, was unable to supply enough of earthy matter to the fetus to give its bones sufficient resisting power, and spontaneous fracture occurred during the movements of the infant after birth. After a careful and thorough investigation into the case both Dr. Sothoron and myself were forced to this conclusion. The child is now nearly five months old, and though not a very large child is in all respects apparently healthy, and has had no recurrence thus far of any more fractures of its bones. The mother has been placed on the use of tonics, lime salts, and generous diet, and is now in her usual health.

THE NEW MYDRIATIC.

BY

F. B. LORING, M. D.,

Late of the Staff of the New York Eye and Ear Infirmary; Member of the American and International Ophthalmological Societies, &c., &c., &c.

For many years past a great necessity has been felt, not only by the limited community of ophthalmologists, but also by the profession in general, for a mydriatic that should, while it embraced the advantages and merits of belladonna, yet at the same time be free from the annoying and irritating effects that the instillation of atropia produces in occasional cases. Many endeavors and experiments have therefore been made to find such a therapeutic agent, and the necessity for some drug that would paralyze the accommodation to the maximum, and at the same time be less lasting in its effects, thus saving the patient from many days of the greatest inconvenience, has urged on the investigations to a great extent, both in this country and on the Continent.

Any one that has been in the habit of treating the diseases of the eye, must remember case upon case where atropia, usually the sheet anchor of such lesions, was obstinately rejected by the patient, and where its use produced only an increased amount of irritation, in place of the soothing effects that former experience had led him to expect, and the fact that in some cases the drug refuses to act until the increased tension has been relieved by the use of leeches, or the eye itself has been left to rest free from its influences, is too well known even to render a reference to it necessary. Again many practitioners will remember cases of iritis that were doing well and progressing favorably, the treatment of which was brought to a sudden halt by the unwelcome appearance of incipient atropia poisoning, just at the time that from anatomical reasons it was most necessary to maintain a free dilation of the pupil, in order to preserve the eye from the subsequent changes of *posterior synechiæ*.

Much has already been done to guard against the evils of this otherwise indispensable remedy.

Lieberich* has invented a small instrument, which, attached to the lower punctum, produces a temporary ectropium of the inferior lid, thus preventing the absorption of the drug through the tear passages, and Von Græfe† recommends that the eye should be closed directly after the application and subsequently washed on reopening.

*Vide "Kl. Monatsbl.," 1864-411.

†A. j. O., ix 2-70.

He also advises that when strong collyria of atropia are used with great frequency, that a subcutaneous injection of morphia should be given at night to prevent all risks of poisoning. Undoubtedly, however, the most practical help that has been placed in the hands of the profession, particularly in those persons whose eyes show so extraordinary an antipathy to the action of atropia, that the use of even the weakest solution is followed by extreme irritation, attended with erysipelalous symptoms, is the suggestion of Dr. W. W. Seely, of Cincinnati, published in 1866, that the solution of atropia should be combined with a mild astringent, the efficacy of which no one familiar with ophthalmic surgery can question.

Notwithstanding this, however, the want of some efficient drug has been strongly felt, and early in the spring of the past year, M. Pitit, of Paris, after a series of experiments, succeeded in isolating the alkaloid of a small tree of about thirty feet in height, the *Dubosia Myoporoides*, a member of the *Solanaceæ* family, growing in Australia, and presented its peculiarities to the profession shortly after, on March 23, 1878.

Dubosin, the alkaloid thus obtained, is of a yellowish color, soluble in water only in the proportion of 1-120, but dissolving readily in alcohol, chloroform, ether-benzoe and the bisulphide of carbon. The sulphate and bromide are, however, the only crystallizable salts. Soon after this Dr. Galezowski read a paper before the Society of Biology, which was published in the "*Clinic*," vol. xiv, page 256, and in the May number of the "*Klinische Monatsblätter für augenheilkunde*" de Wecker states that *dubosia* can be substituted for atropia in all cases that present an intolerance for the latter, and later, in his *Therapeutique Oculaire*, he says, "*what can be affirmed at present is that eyes strongly irritated by the least instillation of atropine, tolerate perfectly solutions of equal strength of the neutral sulphate of dubosia.*"

Dr. Seely, of Cincinnati, published an article in the *Lancet* of January 11th, and to him I am largely indebted for my experiments and for much of the literature that has been published in regard to it. He also quotes a case where it acted favorably in the place of atropia, and seems to sustain both Galezowski and Wecker. I began to use it early in last January, and have prescribed it freely in all cases that usually call for atropia; I find that in sixteen cases of iritis, it has acted promptly and well, in solutions of four grains to the ounce, (this was reduced to two as soon as the pupil was fully dilated,) and that it has not in a single case been followed by symptoms of either irrita-

tion or poisoning, that in regard to its power of breaking down adhesions, that it seemed to me to be superior to atropia, and that in action it was much more rapid.

Its effects, too, on the accommodation are much less lasting, and the patient recovers from the paralysis in a comparatively short space of time, thus making it a most useful agent for all ophthalmoscopic purposes.

In cases of keratitis, however, it seems to lack the marked local anæsthetic properties of belladonna, and for that reason is, I think, inferior to it, in all cases that will stand a long continuance of its use. In the case of a delicate child that has been under my care for three successive springs it acted promptly and without any of the irritation that atropia has always produced after the first week, but here again it failed to subdue the pain, and the two remedies were alternated, the dilatation of the pupil being maintained by dubosia whenever the atropia began to irritate, and the latter being renewed as soon as the eye would tolerate it.

Time and experiment alone will show what its full capacities are; but I think that enough has already been done to prove that in its rapid action, its less lasting effects, and in its freedom from irritating properties, it is the superior of atropia, and in its power of breaking down adhesions at least its equal. As a local anæsthetic it is *not* so powerful, but for the determination of astigmatism, and for all other ophthalmoscopic purposes, it far surpasses it from the less lasting inconvenience arising from its use.

The greatest objection perhaps to its general adoption is its cost, but it is already kept by many of the New York druggists, and by Mr. Simms of this city, and as the demand increases, superior facilities for its production will follow, so that there is really no reason why it should after a short time be more expensive than atropia. I have always used solutions of the neutral sulphate varying in strength from one-half to eight grains to the ounce.

ORIGINAL TRANSLATIONS.

FROM FOREIGN JOURNALS RECEIVED AT LIBRARY OF SURGEON GENERAL'S OFFICE

BY

ETHELBERT C. MORGAN, A. B., M. D.

BELLADONNA IN INTESTINAL OBSTRUCTION.

Dr. Kerr reports the cure of five cases of intestinal obstruction in which the patients had remained without a movement of the bowels

during a period of seven, eight, twelve and thirteen days. Stercoraceous matter was vomited, and death seemed imminent. After having made use of purgatives, he tried as a last resort the administration of extract of belladonna, twelve centigrams, (one to two grains) every two hours. This treatment was in five cases crowned with success. The first patient took ninety-six centigrams (fifteen grains) of the extract in eight hours; the second patient, seventy-six centigrams (twelve grains) in six hours; the third, eighty-four centigrams (thirteen grains) in seven hours; the fourth and fifth took fifty-four centigrams (nine grains) in nine hours. The accessory means employed were lotions of warm water, the use of cracked ice internally for the thirst and vomiting, and in one case sixty grams (f. 3ii) of port wine were given before the belladonna.—*L'Union Medicale*, March 8th, 1879.

GLUCOSURIC KERATITIS.

M. Galezowski reports three cases of what he denominates glucosuric keratitis. A peculiarity of the affection is that with the photophobia and orbital pain there was complete anæsthesia of the cornea, the touching of this membrane with the finger causing the patient not the least inconvenience. The characteristic symptoms in two of the cases were a whiteness of the cornea, an elevation of its epithelium, and great enlargement of the pericorneal vessels, which, however, did not cross the corneal border. Among the visual troubles of glucosuria, we observe paralysis of the sixth and of the third pair of nerves, atrophy of the optic nerve and cataracts. To these we must now add glucosuric keratitis; one of the patient's urine contained as much as sixty grams of glucose to the litre, and that of another only five or six grams to the litre.—*Gazette des Hopiteaux*, January 11th, 1879.

TUBERCULOUS ULCER OF THE TONGUE.

M. Trélat has called attention to a patient twenty-seven years of age, now in the service of the Charité, suffering from the above-named affection. The ulcer is small, of grayish color at its base, and presents none of the characters of syphilitic ulceration, or of epithelioma, but resembles aphtha. M. Gosselin's diagnosis is "tuberculous ulceration combined in all probability with pulmonary tuberculosis." The examination of the lungs, whilst it does not give certitude as to the existence of tubercles, points to their presence as almost certain. The therapeutics should be directed to the general

condition of the patient, and not to the local lesion.—*Gazette des Hopiteaux*, January 11th, 1879.

LEAD COLIC.

A recent event has caused great excitement in Batignolles, a quarter of Paris. A physician was called to attend some sixty individuals of this quarter suffering from lead colic. On investigation the bread eaten proved to be the cause of the epidemic, for the high price of fuel had forced several bakers to burn wood obtained from demolished buildings, much of which wood was covered with white lead.—*Paris Medical*.

TREATMENT OF HEPATIC COLIC.

The first indication in cases of hepatic colic is to calm the pain which is intolerable. For this purpose M. M. Barth and Besnier advise that the patient be placed in a tepid bath and retained there as long as possible. In the meantime administer fifteen to thirty minims of chloroform in syrup, or if necessary it may be inhaled on a handkerchief. After chloroform come the preparations of opium and the hypodermic use of morphia. Local frictions with extract of belladonna, the application of dry cups, or sinapisms are very useful. Certain patients experience great relief from the applications of warm fomentations; others require the application of ice bags, which is also recommended to allay the vomiting. In the interval between attacks alkaline drinks and baths should be employed.—*La Province Medicale*.

PREPUTIAL CALCULI.

Three very interesting cases are cited by Dr. G. Lewin, one of which is here translated. The patient had a congenital phimosis, and had always experienced great pain on urinating. The stream of urine was small, coition was impossible, and erections were attended with much pain. The preputial orifice was very small, and the prepuce was much distended. Several small bodies were felt under the prepuce on either side of the frænum. On operating for phimosis six small calculi were exposed lying loosely in the preputial sac very near the urethral opening. The weight of these calculi was three grams (forty-five grs.) The operation, as far as the passage of urine was concerned, was successful.—*Berliner, Klinik Wochenschrift*, March 31, 1879.

OPHTHALMOSCOPIC SIGNS OF DEATH.

M. Bouchut says: An hour and a half after death ophthalmoscopic

examination shows the interior of the eye to be white, and that it has lost its color. The optic papilla has disappeared and is white as are the other portions of the interior of the eye. The arteries cannot be seen, and the veins which can still with difficulty be detected, have their column of blood here and there interrupted by the presence of gas.—*Gazette des Hopiteaux*, January 11, 1879.

TREATMENT OF LARYNGEAL PHTHISIS.

Dr. Charles Fauvel recommends the frequent use of the following formula in cases of laryngeal phthisis, complicated with œdema and dysphagia: R. Distilled water, 450 gm., (f. 3xiv, 3vi;) cherry laurel water, 50 gm., (f. 3iiss;) potassium bromide, 10 gm., (3iiss;) morphia muriate, 1 gm., (gr. xv.) The solution is placed in an inhaler, the patient using it during a period of five minutes twice a day, before meals in order to facilitate deglutition.—*L'Union Medicale*, February 25, 1879.

TRACHEAL AND BRONCHIAL ULCERATION IN CHRONIC BRONCHITIS.

M. Fertant exhibited to the Société Médicale des Hopiteaux the tracheæ and bronchi of two patients who died of chronic bronchitis. These organs showed no traces of tubercles, but ulcerations were observed in the inferior portion of the tracheæ and superior portion of the bronchi.—*Gazette des Hopiteaux*, January 9, 1879.

VESICAL CALCULUS DEVELOPED ON THE FRAGMENT OF A CATHETER—CRUSHING OF THE CALCULUS—EXTRACTION OF CATHETER—CURE.

The patient was a man seventy years of age, and was accustomed to using the catheter on himself for retention of urine. The catheter had been in service for a long time, and was much worn, so much so that on the patient's making a forcible effort for its withdrawal, it broke, leaving a piece of the instrument, more than three inches in length in the bladder, where it appears to have remained nearly one year. He presented himself to M. Després, who detected a large vesical calculus, which had formed on the retained fragment of the catheter. This calculus, after several trials, was crushed by the lithotrite, and the resulting fragments were expelled from the bladder. At the fifth operation M. Després succeeded in extracting from the bladder a piece of a number eighteen (French) gum catheter, the end of which he had seized with the lithotrite. Eight days after the extraction of the above piece, a second was removed also with the lithotrite. Both fragments were covered by a calcarious

deposit and the cracked glazing and varnish of the catheter. M. Després prefers several introductions of the lithotrite and the gradual crushing of the stone. He always injects two ounces of olive oil into the urethra before the introduction of the lithotrite. In this case there was cystitis following the operation, caused by the foreign bodies present. The patient made a good recovery.—*Gazette des Hopiteaux*, January 16, 1879.

THE INFLUENCE OF SINGING ON THE HEALTH.

The investigations of Dr. S. M. Wassiljew, of St. Petersburg, made upon two hundred and twenty-two singers ranging in age from nine to thirty-five years, making full allowance for height, circumference of chest, &c., gave the following results: The growth of singers up to their twenty-fifth year is not proportioned as age advances, but is more rapid either before or after the period of puberty. The relative size of chest in singers is larger than in non-singers. In persons who have tuberculous deposits in the lungs, the relative size of the chest is diminished; intemperance also checks the development of the chest. The movements of the chest are greater in singers than in non-singers. The vital capacity of the lungs is greater in singers than in non-singers. Laryngeal catarrh is common in singers, but bronchial catarrh is rare. The mortality of singers is small; statistics embracing a period of twenty-five years do not show a single death from phthisis. A frequent affection of singers is Bright's disease of the kidneys, occurring even in those singers who are of temperate habits. Singing is undoubtedly a prophylactic of consumption, and is the best means of developing and strengthening the chest, and for this reason should be preferred to gymnastics.—*Allgem. Med. Central Zeitung*, March 8th, 1879.

UNGUENTUM DIACHYLI OF HEBRA.

R. Olive oil, f3v; litharge, 3i 3ii; warm, stir the mass with sufficient water and add ol lavender, gtt. xv. To be spread on linen and renewed twice every twenty-four hours. *Wiener Recept Taschenbuch*, 1878. Prof. Kaposi, Hebra's assistant, has suggested the use of an ointment composed of vaseline and lead plaster instead of the above.—*Wien Med. Wochenschrift*, 1878.

MYRINGITIS.

R. Lead acetate, morphi muriate aa gr. iss; distilled water, f3i 3v. M. Use twenty drops in the ear from three to six times a day.—*Gruber Wiener Recept Taschenbuch*, 1878.

EDITORIAL COMPILATIONS AND COMMENTS.

Mystic Medicine.

(Continued.)

According to the old historian, Diodorus, who familiarized himself by travel in the then so-called *provinces* of Europe and Asia, and dwelt for a time in Egypt, there remained in his day only the legend of the former existence of a city called Nysa, so ancient that some supposed it to have been situated in Arabia, while others thought it was located in Egypt, and in this city the legend described the existence of two pillars, each bearing an inscription in *mystic characters*. The first inscription was as follows:

“My father is Chronos, the youngest of the Gods. I am Osyris, who have extended my conquests over the whole earth, from the uninhabitable parts of the Indies, to those under the Bear; to the sources of the Danube; and thence to the ocean. I am the eldest son of Chronos, and have brought him a fair and noble race. I am father of the day; there is no place in the world where I have not been, and I have filled the universe with my good deeds.”

The second inscription was in these words: “I am Isis, queen of all this country, who have been instructed by Thoth. No one can unbind what I bind. I am the eldest daughter of Chronos, the youngest of the gods. I am wife and sister to King Osyris. I am the first that taught men agriculture. I am mother to King Horus. 'Tis I that blaze in the Dog Star. I built the city of Bubastus. Adieu, adieu, Egypt—where I was bred.”

- Dr. Le Clerc, in his history of medicine, written in 1690, is unable to reconcile the conflicting accounts regarding the various personages to whom ancient records ascribe the honor of having been the several “*inventors of the art of physic*” as to which is entitled to precedence. It appears from the tablets inscribed to Isis that at her death, as an apotheosized bovine, she improved her former unsanitary surroundings on the banks of the Nile by translation to the more airy altitudes of Canis Major, where she now dwells in Sirius contemplation of mundane mutations. It is affirmed that the spirit of Isis precipitates itself from the giddy heights of the Dog Star down to earth to watch over her disciples, the physicians, and reveals to them through dreams such medicines as are suitable to the patients, and which

being administered she takes care to guide in a manner which insures recovery.

Diodorus states that the Egyptians assured him that Isis invented "divers medicaments," and that she was very expert in physic, for which, being already raised to be a goddess, she still takes care of the health of men, and that those who implore her succor find themselves at once relieved. The testimony of Diodorus is backed by others, but whatever Isis did in physic we have the assurance of Dr. Le Clere that no books were written by her as by Hermes, Apis, or Osyris, her husband. If it is true, as before stated, that Isis after being transformed by Juno, from Io, a young lady of whom Juno was jealous, into a cow, and was run over into Egypt by Mercury, we are not surprised that, as a cow, Isis wrote no books.

We have heard mention made of the gracefulness of manner of certain brother quill-drivers being compared to the skilful manner in which a cow would be supposed to handle a musket, but in the matter of book-making we apprehend Bossie would have experienced some difficulty in holding the stylus or pen of those days. There is, in fact, nothing visible or tangible remaining of her, except the so-called Isis Table, a piece very curious and very ancient, written or engraven in mythical figures or hieroglyphic emblems, and which table is said by Dr. Le Clerc to be preserved in his collection by the Duke of Savoy.

We gather further from this source that, as late as the time of Galen, who flourished in the second century, the fame of Isis was still so great that certain patent-medicine men, then flourishing as now, attached her alleged testimonials to their compounds in order to impose upon the populace, who, not taking the daily papers of those days, had not heard of the death of Isis, some four thousand years before, and were therefore not posted as to the fraud being practiced upon them. It is not necessary now-a-days to impose in such way on Isis, as the patent-medicine man get all the testimonials they want from professors in our medical colleges, not only advertising the medicines, but the professors as well.

It is not to be supposed that the husband of Isis, known by the several names mentioned, outlived his wife a very long time, since the fact of their demise was found as stated, recorded about the same time in the city of Nysa. Being dead, they were numbered among the gods according to an established custom among the ancients, as explained by Cicero, of deifying those persons who did any considerable service to mankind—a custom maintained later by the Greeks

and Romans, who deified Castor, Pollux, Esculapius and others. The Phœnicians and Egyptians, however, were the first to hold as gods the inventors of things necessary to life, and those that were thought to have done any great service to mankind, and Clemens Alexandrinus, a native of Egypt, A. D. 220, says that the same practice was in use among the Chaldeans and Persians. Among the latter the doctor occupied a very important position in community.

It is a noticeable fact, somewhat in conformity with the restrictions prevalent among other ancient nations, that the Persian physician, before he was allowed to practice his profession among the faithful, was compelled first to experiment with his medicines upon those who were not servants of Ormuzd, the Persian deity. His medicines were first tried three different times upon the same individual, and if they failed to cure, or the patient got worse, he was prohibited, under pain of death, to employ those medicines again. If his patient recovered he was then permitted to add the new medicine to his medical armory, and could use the same in general practice among the disciples of Ormuzd.

The law of the country settled upon the amount and character of the doctor's fee. If he cured a priest, the priest was required to recite a prayer for the doctor. If the father of a family was sick, and got well under the care of the Persian physician, the doctor received a small animal; but if the wife were carried through a siege of sickness, the doctor received a much larger animal, an ass or camel. It would appear from this invidious distinction that the life of the wife was held in much higher esteem in those days than that of the husband, an absurdity which modern civilization has most effectually corrected.

Instances may not be so very uncommon where the country doctor is glad to take the amount of his bill in pork, potatoes or tin-ware, but we have never yet heard of an instance where the butcher, the baker, or the candle-stick maker, was willing to pay the doctor more for curing his wife than himself or any other member of his family.

Among the ancient Persians the various diseases which may afflict the human family at times, were looked upon when they did come as punishments for indiscretions or actual crimes. For example, headache was believed to be a sort of judgment upon the individual afflicted, for having spoken irreverently to his parents. Madness was considered a punishment for having disobeyed the father or mother, and the remedy employed consisted in allowing the patient but one mouthful of food during the first day; on the second day two mouthfuls,

and so during the month, increasing the quantity of his daily allowance by one mouthful, and then for the following month decreasing the amount in the same ratio, until he was back again to one mouthful of food per day. If not cured by that time the scale was run up and down until the madness merged in death or restoration to health. Epilepsy was considered a punishment inflicted for disobeying the commands of one's master. Blindness was the punishment for matricide. Deafness for murdering one's sister. Pains in the bowels for having dined with a person of different religious belief, or for having taken a drink with a liar. Lameness, for having struck a Brahmin. Fever, for having killed an innocent Kihtirih, corresponding to the modern innocent policeman. Indigestion, for robbing a person, etc.

It is truly appalling to contemplate, now that Congress is in session, the amount of pain in the bowels that would prevail were this punishment still in vogue for taking a drink with a liar; or the enormity of indigestions with which some people would be afflicted if this visitation were sent upon them to correct their inability to distinguish other peoples' property from their own, and always giving themselves the benefit of the doubt.

When the Persian physician of old was called to diagnose a case he paid strict attention to the respiration, which, to his theory, must take place in one of three distinct ways—first, through the left nostril; second, through the right nostril; and third, through both nostrils. If the patient breathed through the left nostril he was supposed to be laboring under some affection caused by the influence of the moon, and could not expect to be cured until the moon changed, except through the skill of his physician. If he breathed through the right nostril, he was troubled with some complaint referable to an influence exerted by the sun.

Precisely what these influences caused in the shape of disease, or their treatment, our translator has not yet determined, nor is anything definite said objectionable to breathing through both nostrils simultaneously; but it was held by the learned men of that country that if any one breathed "according to the second manner during one night and day, he would die after the lapse of one year." How long *after* the lapse of one year is not stated; their failure to be specific as to dates being regarded as proof of the sagacity of the learned men aforesaid.

In case the physician was called to attend a case of poisoned wound by the bite of an animal, it was the duty of the physician to make

his patient repeat his *pater noster* and praise his ancestors, which, it is said, so affected the animal that had committed the assault and battery that he, the animal, at once appeared on the scene and submitted to punishment according to law. In other words, the conscience of the criminal was so wrought upon that he was forced to deliver himself up, a circumstance which would be of rare occurrence in the present age, if it depended upon the talismanic influence of some peoples' defunct ancestral virtues.

Returning from this digression, we resume the compilation of the history of the inventors of medicine, some thirty of whom, according to the researches of Le Clerc, are supposed to have invented or cultivated with distinction at least some one of the several branches of medicine. It appears that after the spiritual wedding of Isis and Osyris, a son was born unto them named Horus, sometimes called Apollo. It further appears that about this time a war broke out between the Titans, a set of gigantic rough-scuffs who tried to invade the kingdom of Osyris and Isis, but found it rather above their reach even after piling up mountains one above the other.

Very imprudently one day Isis allowed her little boy, Horus Apollo, to come down from his lofty home and wander around on earth, whereupon these Titans fell upon the infant and with divers clubs, rocks, and murderous weapons slew him, and afterward sunk his body in a pond to make it appear that the boy had committed suicide. So, when night came and her son did not return to his paternal mansion in the Dog Star, his mother became anxious, and putting on her high-heeled seven-league gaiters she set forth to find the youth, which she succeeded in doing. Instead, however, of going into conniption fits when she found him put to soak, she quietly wrung him out and rolled him on a barrel, and by a cross between the Hall and Sylvester methods of inducing artificial respiration, restored him to life. When the boy had recovered his strength his mother set him studying medicine, and taught him the arts of physic and divination, and he in time became very useful to men by his oracles, through which he contributed to the general fund of ancient pharmacy as well as diffusing special information regarding the future of those who applied to have their fortunes told. According to some writers this Apollo was the father of Esculapius, who became the most famous physician of ancient times, and met with a premature death in an exceedingly uncommon manner, being murdered by no less a personage than his grandfather Jupiter, who struck his grandson with a thunderbolt, incited thereto through

jealousy of the skill of Esculapius in healing the sick and especially by having restored his neighbor, Hippolytus, to life, for whom it seems the old gentleman had no further use on earth, and had relegated to Hades.

It was very fashionable in those days for the ladies and gentlemen of aristocratic pretensions to indulge in a superfluity of names. Thus, we find that Juno, the great aunt of Esculapius, made it her business to preside at accouchements, and took at those times the surnames of Lucina, Ilithyia, or Natalis. Whether she had her signs respectively on three different offices, so as to catch all the business, we are left to conjecture, but if true it was not so very slow an idea, considering the times. It is not to be wondered at that Esculapius stepped into a good practice inasmuch as his father Apollo was wealthy and had an extended ride, owning much improved real estate unmortgaged; a favorite country seat at Mount Parnassus, and two town offices, one at Delos, and the other at Delphi, so that it was a very easy matter for the elder doctor to turn over cases to the younger. Besides, his great aunt Isis was a woman of influence and one not to be trifled with, and if she suggested to any of her neighbors that it would conduce to their longevity and well-being to employ young Esculapius in case any of their folks got sick, they knew enough to take the hint, having heard of some of her tantrums, especially her influence in changing Io into a cow.

There is no telling how many a husband and father has since prayed to this goddess for similar miraculous transmogrifications, in view of the bills for spring bonnets and new hinges on the front gate.

All of which proves that the influence of an old-established and wealthy physician in promoting his son to a good practice and backed by influential sisters, cousins, and aunts, is still highly appreciated, or should be by the fortunate sons, who otherwise would discover it a dusty road to travel, and would find themselves literally nowhere, except for the accident of birth elevating them to a position their talents alone would seldom achieve.

OVERWORKED HEARTS.

In view of the mania which prevails for excelling in contests of physical endurance and civil service "reform," we reproduce the opinion of one of England's ablest physicians on this question. We do not expect, however, to decrease the number of casualties incident to overtaxation of mind and body, respectively, in schools, and

government departments, or in gymnasiums, rowing, sparring, walking, base-ball, cricket, or other of the so-called manly, and of late, womanly arts. If we had the slightest idea that anything we could say would tend to decrease the regular crop of broken fingers, bunged eyes, sprained joints, and lame backs, or interrupt the annual exhibit of diseases of the heart, and other organs necessarily in time involved, we would hesitate, on the ground that some members of the profession might think we were interfering with their business, but experience shows that advice, even when as good as the following, seldom does much good, inasmuch as no one takes it to himself, but concedes it would be just the thing for his neighbor.

Dr. Richardson, of London, says: "No organ in the body is so liable to be over-worked as the heart. When every other part of the body sleeps, it keeps on its perpetual motion. Every increased effort or action demands from the heart more force. A man runs to catch a train and his heart beats audibly. He drinks wine, and his blood rushes through its reservoir faster than ever was intended by nature. His pulse rises after each course of dinner. A telegram arrives, and his heart knocks at his side. And when any one of these "excitements" is over, he is conscious of a correspondent depression, a sinking or emptiness, as it is called. The healthy action of all the members of our frame depends upon the supply of blood received from this central fountain. When the heart's action is arrested, the stomach, which requires from it a large supply of blood, becomes enfeebled. The brain, also waiting for the blood, is inactive. The heart is a very willing member, but if it be made to fetch and carry incessantly, if it be put upon, as the unselfish member of a family often is, it undergoes a disorganization which is equivalent to its rupture. And this disorganization begins too often nowadays in the hearts of very young children. Parents know that if their sons are to succeed at any of those competitive examinations which have now become so exigent, high pressure is employed. Hence young persons are stimulated to overwork by rewards and punishments. The sight of a clever boy who is being trained for competition is truly a sad one. The precocious coached up children are never well. Their mental excitement keeps up a flush, which, like the excitement caused by strong drink in older children, looks like health, but has no relation to it; in a word, the intemperance of education is over-straining and breaking their young hearts. If in the school room some hearts are broken from mental strain, in the play ground and in the gymnasium others succumb to physical strain. 'It is no object of mine,' says Dr. Richardson, 'to underrate the advantages of physical exercise for the young; but I can scarcely overrate the dangers of those fierce competitive exercises which the world in general seems determined to applaud. I had the opportunity once in my life of living near a great trainer, himself being a champion rower. He was a patient of

mine, suffering from the very form of induced heart disease of which I am now speaking, and he gave me ample means of studying the conditions of many of those whom he trained both for running and rowing. I found occasion certainly to admire the physique to which his trained men were brought; the strength of muscle they attained; the force of their heart; but the admiration was qualified by the stern fact of the results.' But, indeed, it is not by overwork so much as by worry and anxiety that our hearts are disorganized. 'Laborious mental exercise is healthy, unless it be made anxious by necessary or unnecessary difficulties. Regular mental labor is best carried on by introducing into it some variety.' Business and professional men wear out their hearts by acquiring habits of express-train haste which a little attention to method would render unnecessary."

Dr. F. B. LORING, surgeon to Washington Eye and Ear Infirmary, has not yet completed his report upon the schools in this District, but at the Deaf and Dumb college he finds that the proportion of the deaf mutes born in that condition is nearly twenty-eight per cent. In twenty per cent. it was the result of meningitis, and in fifteen per cent. of the cases it followed scarlet fever. Inflammation of the brain produced twelve and-a-half per cent., and the rest have been occasioned in much similar percentages by typhus and typhoid fever, measles, etc. The examination of the eyes showed that sixty-five per cent. of the students were possessed of the normal organs of vision, while thirty-five per cent. were in need of glasses.

MEDICAL SUPERSTITIONS.—We supposed the tricks of voodoo doctors were confined to this "blarsted country," and flourished especially in this city, until the following appeared in the *Sanitarian*: "Medical superstitions have still a firm hold on the minds of the more unlettered, especially in some of the more distant and uneducated counties in England. In Cornwall and Devonshire the belief in charms as a means of curing disease has by no means died out, as we had recently an opportunity of observing. At the Exeter Quarter Sessions, John Harper, aged 83, a quack doctor and herbalist, known as the North Devon White Witch, appealed against his recent conviction and sentence to a month's imprisonment for obtaining money by false pretences some time ago. He was called in to see a woman who was ill and had been given up by the doctor. He prescribed for her and placed in her hands rods with the names of planets attached, and told her to strike with them a piece of metal which he held in his hand, while he at the same time uttered some formula of words.

He received a fee of twenty-five shillings, but the woman afterwards died, and he was then prosecuted and convicted of obtaining money by palmistry and subtle devices."

NEW REMEDIES.—As we are anxious to keep up with improvements in pharmacy, as well as in other branches of medical science, it will not do to omit mention of the following re-discoveries lately found in various exchanges:

Arachnida or Common Spider.—Is recommended in cases of obstinate ague, to be given just as the chill is expected, made in bread pill. Spiders made into plaster and applied to the temples were recommended to prevent ague as long ago as the time of Dioscorides, in the early part of the first century.

The Blatta Orientalis or Cockroach.—The cockroach as a diuretic has once more fallen into the clutches of the paragrapher. This oriental remedy is given in four-and-a-half grain doses of the dried and powdered bug. The insect is recommended in Bright's disease, acute or chronic, and in dropsies generally.

The Cimex Lectularius or Bedbug.—The *Louv. Med. News* expects this insect also soon to be trotted out again as a chill-cure and emmenagogue, as a sort of companion-piece to the other medico-entomological items. The cimex is to be given to the number of five or six daily for ague. As an emmenagogue we have not learned the dose. The following affecting epitaph was found impaled with two of the cimex that perished in combat:

"They fit and fit,
And gouged and bit
And wallowed in the mud,
Till all the ground
For miles around
Was covered with their blood."

NOTICE.—Dr. A. F. A. King is now in Burlington, Vermont, lecturing. Will return to this city by the first of July.

WHEN THE HYPODERMIC SYRINGE MAY BE USED.

Physicians of the present day carry in a pocket-case more active elements of prompt medication than used to be packed into a good-sized pair of saddlebags of a quarter century ago; and these modern condensed preparations for subcutaneous injection, as we all know, in many respects supercede the old-fashioned way of administering medicines.

In cases of unconsciousness, delirium, strangulation, or other condition in which the patient cannot or will not swallow, the proper remedy, in nicely graduated quantity, injected hypodermically, answers just as well as if taken into the stomach; and in many cases, even when the patient can take remedies in the usual way, hypodermics respond more promptly and favorably than other plans of treatment.

We give the following list as embodying the principal conditions in which hypodermics have been used:

Ununited Fractures.—Glacial acetic acid, five to ten minims between the ends of the bones with hypodermic syringe. Iodine has also succeeded, used in same way.

Surgical Shock.—Quinine, six grains, hypodermically, with one-third grain of morphia.

Urticaria.—Saturated solution of bisulphite of soda, injected directly into the part affected.

Hæmoptysis.—Sclerotinic acid, substitute for ergotine, 5 per cent. solution injected in the neck or arm.

Tumors.—Just before removal, hypodermic of half grain morphia, with a thirty-sixth grain of atropia, directly into the growth.

Chloroform Poisoning.—One-tenth grain of digitaline, hypodermically, followed an hour afterward with one-tenth of grain of atropia in similar manner, has been successful.

Erysipelas—Carbolic Acid.—3 per cent. solution, eight or ten injections at the same time, so as to surround and cover the inflamed regions; also, salicylic acid in same manner.

Carcinoma.—Acetic acid, one part to three of water, injected into the cancer, has proved successful in shrivelling the tumor and obviating an operation.

Cerebral Apoplexy has been successfully treated by subcutaneous injections of ergotine in the arm.

Hiccough.—In an obstinate case, resisting all other means, three-eighths of a grain of chlorhydrat of pilocarpin, hypodermically, quickly proved successful.

Puerperal Convulsions.—Chloral, subcutaneously, has been pronounced better than when swallowed.

Foreign body in Oesophagus.—Threatened strangulation from impaction of gullet has been promptly relieved by inducing vomiting: apomorphia, one-tenth grain, hypodermically. Emetina is also suggested in same way.

Strychnia Poisoning.—Caffein, one grain, hypodermic; alcohol in same way is also suggested; chloral injections are also mentioned.

Puerperal Eclampsia.—Veratrum viride, two to four drops of the tincture, subcutaneously; as required to keep the pulse down to about sixty; pilocarpin, two per cent. solution, is also recommended.

Trichinosis.—Tinct. of ergot and ergotine have effected speedy cures, hypodermically, into muscles affected.

Skin diseases caused by animalculæ; sulphuric, carbolic, salicylic or sclerotinic acids, hypodermically, as in erysipelas.

Nasal Polypus.—Carbolic acid, one part; glycerine, four parts; twenty drops sunk into the tumor by means of hypodermic syringe, effectually dissipated the polypus in case reported.

Eczema.—Arseniate of sodium, hypodermically, in solutions of one-fifth, one-half and one per cent., commencing with ten minims of the weaker, and gradually increasing, is recommended.

Nocturnal Enuresis.—Two very small doses of the nitrate of strychnia, injected in the vicinity of the rectum at suitable intervals, have proved successful.

Croup.—Sulphate of atropia, one per cent. solution, has proved successful in a desperate case, injected in the neck, on level with pneumogastric. Three drops, repeated after four hours.

Congestive Chills.—Ten drops of tinct. belladonna, hypodermically, every fifteen minutes, until the pulse became distinguishable, succeeded where patient was unconscious and unable to swallow, followed by hypodermics of quinine, brandy or whisky.

Goitre has been successfully treated by subcutaneous injections of ergotine, one-third, gradually increased to one grain.

Membranous Croup.—Equal parts of water and sol ferri perchlor injected into trachea, piercing the needle through just below the

thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

Erectile tumors have been successfully treated by injections of perchloride of iron and chloride of sodium in solution; the tumor to be surrounded by a ring.

Abortion has been caused by hypodermics of pilocarpin. This should insure caution.

Hemorrhages.—Hemoptysis, hematemesis and uterine hemorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

Night Sweats.—Atropine has given good results in injections of about one-fortieth of a grain at bedtime.

Tetanus.—Chloral hydrate is recommended in conjunction with chloroformization, alternating with other powerful anodynes and antispasmodics.

Infantile Convulsions.—Morphia, subcutaneously, with inhalations of five drops of nitrite of amyl immediately following, have proved successful.

Retention of Urine.—From paralysis of bladder, accompanying typhus, variola and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

Arrest of Perspiration.—Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

Opium Poisoning.—Quite rapid recovery is reported to have followed warm hypodermics of fl. extr. coffee, in thirty minim doses. Caffein citrate, and sulph atropia are also considered antidotes to opium.

Suspension of Salivary Secretion.—Pilocarpin, used as heretofore explained, excites salivation.

Chorea.—Curare, in hypodermics of from one-tenth to one-twentieth of a grain, daily, has been found valuable in this disease.

Obstruction of the Bowels.—Aloin has been used with success, subcutaneously, to move the bowels.

Hydrophobia.—Much amelioration of the symptoms has followed hypodermics of curare.

Bubo has been aborted by injecting carbolic acid into the center of the swelling.

Syphilis has been treated by solutions of some of the mercurials, injected locally.

Hernia is more easily reduced by giving a hypodermic of morphine with or without atropia.

Convulsions.—Saturated tincture gelsemium, 10 to 15 drops, has acted as a powerful antispasmodic in arresting convulsions, injected subcutaneously.

Hemorrhoids.—Iodine, carbolic acid, perchlor. iron, and other preparations have been used successfully—a few drops of either injected into each pile—usually operating on only one at a session, waiting several days before repeating.

Dysentery.—Morphia, in one-third grain doses, hypodermically, has been found more rapid in relieving tenesurus than any other opiate.

Epilepsy.—Curare, in solution, seven grains in seventy-five minims of water, with two drops of hydrochloric acid. About once a week inject eight drops beneath the skin. It has cured cases of several years standing within two months.

Snake Bites.—Ammonia, brandy, carbolic, or salicylic acids, are all recommended, hypodermically, in case of snake poison, and have been injected with benefit directly into a vein.

AMERICAN MEDICAL ASSOCIATION.—OFFICERS ELECTED.—L. A. Sayre, New York, president; B. A. Cole, Cal., E. M. Hunt, La., H. O. Marcy, Mass., F. Payne Porcher, S. C., vice-presidents; R. J. Dunglison, Pa., treasurer; William Lee, D. C., librarian; Johnson Eliot, D. C., committee on library; Walter Gillette, associate secretary; J. S. Lynch, Md., practice; Albert Smith, Pa., obstetrics; W. T. Briggs, Tenn., surgery; J. F. Hibberd, Ind., state medicine; B. A. Pope, La., ophthalmology—chairman of sections; J. M. Toner, D. C., committee on necrology; Drs. Seguin, Yandell, Da Costa, Gunn, Turnbull, Warren, Hogden, delegates abroad; Drs. Hutchins, Brodie, delegates from Canada; Austin Flint, A. C. Post, I. Hutchinson, W. S. Gouley, M. H. Pallen, all of N. Y., prize essays; New York was selected as the place of the next meeting. Dr. A. McLane Hamilton was awarded a prize of \$100 for a paper on “primary and secondary local degeneration of the lateral columns of the spinal cord.”

Book Notices.

ALTERNATING ANTERIOR AND POSTERIOR VERSION OF THE UTERUS. By Samuel C. Busey, M. D., Washington, D. C. Reprint from volume III; *Gynecological Transactions*, 1879.

This interesting Monograph should be attentively perused by all practitioners, as no adequate idea of the argument can be conveyed in a mere notice. The case described is certainly anomalous, and the success of the doctor in accomplishing fixation of the uterus in the normal position by mechanical appliance, thus avoiding surgical interference, and after others had failed, is creditable to both his skill and patience. We presume copies of the pamphlet may be obtained by addressing the author.

DEMONSTRATIONS OF ANATOMY. Being a guide to the knowledge of the human body by dissection. By George Viner Ellis, Emeritus Professor of Anatomy in University College, London. Eighth and revised English edition, octavo, pp. 716. Illustrated by two hundred and forty-nine engravings. Published by Henry C. Lea, Philadelphia.

In the plan of studying anatomy as laid down in text books, the student is obliged to commence with the Osseous System, and work outwardly toward the surface of the body.

In this work by Prof. Ellis, the former plan is reversed, and the student contemplates the cadaver as it is originally presented, his attention being first directed to the superficial prominences beneath the skin, caused by bone and muscle, and to the hollows which bear relations to subjacent vessels.

The skin is then removed, followed by the successive layers of muscles and accompanying blood-vessels, nerves, glands, and viscera, in much the same order in which they are met in surgical operations, thus teaching surgical anatomy as well as the descriptive. As we all know, one great object of the practical study of anatomy is, to teach the surgeon what is beneath his knife in operating. This plan seems the rational method of acquiring a knowledge of the geography of the several routes through which the surgeon's knife must pass. With this copiously illustrated demonstrator, aided by Gray's exhaustive treatise, both plans are embraced.

HUMAN PHYSIOLOGY, a text book designed for the use of practitioners and students of medicine. By Austin Flint, Jr., M. D.,

Professor Physiology and Physiological Anatomy in Bellevue Hospital Medical College, New York; Fellow Academy Med., New York, etc. Illustrated by lithographic plates and over three hundred wood-cuts, 978 pages, royal octavo. Published by D. Appleton & Co., New York city.

Our design in calling attention to the above entitled work is not because it is just from the press, or needs advertising. On the contrary the edition, of which we have a copy, is dated 1877, and the work occupies the highest possible niche in professional esteem. We shall refer, from month to month, to first-class works in order to answer various inquiries soliciting a list of standard works on the several branches of medical science, and such as, by their intrinsic merits, are not likely to be superseded very soon, even in this active era of book-making.

Many medical students and practitioners are unable to purchase more than one copy respectively of physiology, anatomy, surgery, midwifery, chemistry, practice, etc., and are desirous, when they do purchase, that their library, though limited, shall comprise such as are not likely to be overshadowed in the near future. Thousands of established practitioners in this country have managed to get along, for example, with the old United States Dispensatory, of editions as far back as they can remember, but now nothing in that line can satisfy them but the new National Dispensatory, which, like Flint's Physiology and other books to be noticed hereafter cannot fail to hold their own for the next decade, at least.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Volume XXIX, 1878. Collins, printer, Philadelphia.

This is the most copious report of the Transactions yet published by the Association, and compares favorably as regards important papers with its predecessors. The Prize Essay is by Dr. John A. Wyeth, New York, on "The Surgical Anatomy of the Common, Internal, and External Carotid Arteries."

Many most valuable contributions are published, among which may be specially mentioned, "Pathology of the Bones," by H. H. Smith, Philadelphia; "Diagnosis and Treatment of Malignant Growths," by T. A. McGraw, M. D., Detroit; "Blepharoplastic Operations," by Alfred C. Post, M. D., New York; "Causes of Sudden Death of Puerperal Women," by E. W. Jenks, M. D., Detroit; "Ovotomy," by Theophilus Parvin, M. D., Indianapolis; "Connection of Hepatic Functions with Uterine Hyperæmias," by Levi F. Warner, M. D., Boston; "Bearings of Hygiene on Therapeutics," by J. R. Black, M. D., Newark, Ohio.

Dr. J. M. Toner, of this city, is entitled to great credit for patient labor in preparing the Necrology for 1878, in which the names of the deceased are arranged alphabetically, instead, as in the past, by States.

Parties requiring a copy should address Dr. R. J. Dunglison, of Philadelphia, who is treasurer of the A. M. Association.

LECTURES ON ELECTRICITY IN ITS RELATIONS TO MEDICINE AND SURGERY. By A. D. Rockwell, M. D., Electro-Therapist to New York State Woman's Hospital, etc. Published by Wm. Wood & Co., New York City.

This brochure of nearly one hundred octavo pages comprises the lectures published in consecutive numbers of the *Virginia Medical Monthly*, and their aggregation in book form is intended to open to those readers who have not the journal mentioned, a fair view of the field of electro-medicine and surgery, as seen from the standpoint of the author. It is held that electricity, applied according to the rules laid down, is much more than a mere irritant and stimulant, and possesses tonic and soothing powers. This monograph is subdivided into electro-physics, electro-physiology, electro-diagnosis, methods of application, electro-medical apparatus, treatment of special diseases, electro-surgery, and electrolysis.

The book is adorned by many wood-cuts illustrating different batteries and instruments, and should be in the hands of all practicing physicians, as it tells in a small space a great deal which is not generally familiar to many otherwise well informed practitioners.

STANDARD MEDICAL BOOKS. Published by Henry C. Lea, Philadelphia. Attfield's Chemistry, price, cloth, \$2.50; leather, \$3.00; Bryant's Surgery, cloth, \$6.00; leather, \$7.00; Bumstead on Venereal, cloth, \$4.00; leather, \$5.00; Dunglison's Medical Dictionary, cloth, \$6.50; leather, \$7.50; Gray's Anatomy, cloth, \$6.00; leather, \$7.00; Hamilton on Fractures, etc., cloth, \$5.75, leather, \$6.75; Leishman's Midwifery, cloth, \$5.00; leather, \$6.00.

STANDARD MEDICAL BOOKS, Published by Lindsay & Blakiston, Philadelphia: Barnes Diseases of Women, price, cloth, \$4.50; leather, \$5.50; Beale's Microscope, illustrated, leather, \$7.50; Hamilton's Nervous Diseases, cloth, \$3.50; Naphey's Therapeutics, two volumes, \$8.

STANDARD MEDICAL WORKS, published by D. Appleton & Co., New York: Niemeyer's Practical Medicine, cloth, \$9.00; sheep, \$11.00; Sayre's Orthopedic Surgery, cloth, \$5.00; sheep, \$6.00; Flint's Physiology, cloth, \$6.00; sheep, \$7.00.

SELECTIONS.

CONDENSED FROM CURRENT MEDICAL LITERATURE.

TATTOOING THE CORNEA.—Dr. Chisolm interested the Baltimore Med. Academy in a case of tattooing of the cornea, which he had performed three days since. The case was one of a white spot of the cornea, which was made conspicuously ugly by contrast upon the very dark back ground of the iris. The tattooing was done in India ink, putting a drop of this thick liquid upon the white spot, and sticking it into the surface with fine needles. The patient was under chloroform. After as many as two hundred needle sticks, it was found that the black pigment would no longer wash off, and the conspicuous defect being now of the color of the iris, was no longer perceptible. The cosmetic effect of this class of operations upon the eye is very beautiful. One singular part of the sequel of such operations is, the little irritation which follows the very free use of sticking needles upon the cornea. Sometimes it is necessary to make several hundred sticks before a large white spot is altogether covered. A few days dressing with cold water removes all irritation. The painting is as permanent as when this pigment is introduced under the skin.—*Va. Med. Monthly.*

ACNE—SULPHIDE OF CALCIUM.—Acne, so called in nosology, is that pimply affection chiefly noticed on the forehead and face, consisting of small tubercles and festering centres, and black-headed points; common among young people of general vigorous health. It produces great blemishes to the appearance, causes much mortification at that period of life when personal looks are much valued; and when there is a good deal of irritation, a sense of heat and uneasiness that keeps those affected by it constantly picking at and pinching the little pimples. This unsightly affection has been hard to cure. Time has commonly done what treatment failed to do. Sulphide of calcium, however, seems to be an efficient remedy. Dr. Howard writes in the London *Lancet* that he has found it to be eminently satisfactory. It had been previously proposed by Dr. Ringer for the same purpose.—*New. Rem.*

SNAKE POISON—HYPODERMICS OF BRANDY, AMMONIA, OR ANTISEPTICS.—M. Lacerda, has made some researches into the action of the venom

of the rattlesnake. His investigations show that the poisonous matter in question contains what is called figured ferments, the analogy of which with bacterides is very striking. From a young and vigorous crotalus subjected to the action of chloroform, he obtained a drop of the venom on a chemically clear piece of glass, and at once placed it under the microscope. Almost instantly he observed the formation of a filamentous pulp in an arborescent disposition. Gradually the thickened filament dissolved and disappeared, having pushed out spores which swelled and enlarged visibly, while each spore sent out a minute tube which lengthened rapidly. After a short period the latter, *i. e.*, the minute tube, separated from the first spore, and formed another nucleus for reproducing the deadly contamination of the original pulp. In the examination of the blood of animals killed by the bite of these snakes, M. Lacerda noticed that the red globules melted one into the other, forming a kind of amorphous paste that could not circulate in the veins. Other animals into which this altered blood was injected, expired in a few hours, presenting all the symptoms of those originally bitten, and showing precisely the same pathological changes. After much observation, he concludes that the best remedy, because physiologically antidotal to the poison injected by these serpents, is *brandy introduced under the skin* or administered freely by the mouth. If his views in regard to the nature of the poison are correct, it would not seem inappropriate to introduce either carbolic acid or salicylic acid into the system, contemporaneously. It should not be forgotten, however, that the experiments conducted under the sanction of the British Government in India and Australia, seem to demonstrate the superior properties of ammonia in this regard, injected either subcutaneously or directly into a vein.—*Cin. Lancet and Clinic.*

YELLOW FEVER DEPENDENT UPON WATER SUPPLY.—Dr. B. B. Williams advocates the theory that the use of standing water, as from wells and cisterns, is necessary to the production of yellow fever epidemics. He says standing water absorbs, to a certain extent, the poison from the atmosphere, which passes into the system through the stomach when the water is drunk. He points to the immunity of New York and Philadelphia, ascribing it to the fact that their water is obtained from a distance and delivered through pipes, and says if New Orleans would obtain her water from the muddy Mississippi and distribute it through service pipes, all further danger of yellow fever epidemics would be obviated.—*Med. Brief.*

BLINDNESS FOLLOWING DENTAL DISEASE.—Sirletti reports the case of an old man suddenly attacked with hemeralopia, without any previous enfeeblement of vision. On examination, it was found that the patient had suffered severe pain in the upper canines, from one of which the crown was gone. A fistulous cavity with intra and extra alveolar periostitis was found in the root of each canine. These teeth having been extracted, the patient began to be able to distinguish light from darkness almost immediately, and by the end of six days his sight was completely restored.—*Phila. Med. Times.*

EARLY VACCINATION.—Dr. Russell, of Glasgow, has recorded an instance of an infant born into a small-pox atmosphere being vaccinated within twenty-four hours after birth. The child was born the day after its father was removed to the hospital with small-pox. The vaccination did well; the child was not in the least disturbed in general health, and escaped a disease which would almost certainly have proved fatal. When small-pox is in the house or family, *no age must be considered too early* for vaccination, which appears to be as safe and quite as successful directly after birth as it is at a later period.—*Sanitary Record.*

HÆMATOMA VULVÆ is so rare an affection that all observations concerning its course should be placed on record. It is for this reason that we here call attention to a sudden death from hemorrhage in such a case, reported by Dr. Julius Boronow to the *Allg. Med. Cent. Ztg.*, No. 96, 1878. It was a case in which the forceps were required for extraction of the head. Death from sudden and profuse hemorrhage occurred within a few hours after delivery. In his remarks upon this case the writer states that Winckel gives the proportion of hæmatomata of the vagina and vulva as one in 1600. This he believes to be the first case in which death was the direct result of hemorrhage. In all previous instances, suppuration and pyæmia had first taken place.

MILK TYPHOID.—Dr. Cameron, Medical Officer of Health and City Analyst for Dublin, is still engaged in thoroughly investigating the remarkable outbreak of "milk typhoid" of which we gave an account last week. Out of fifteen typhoid patients recently under treatment in one hospital alone, six are proved to have been drinking milk from the infected dairy up to the time they became ill. Several valuable lives have also been lost among the residents in some of the most fashionable parts of Dublin, the origin of the fever in all

the cases being clearly traced to the use of the particular milk.—*Med. Times and Gaz.*

KISSING THE CAT—CAUSE OF SORE THROAT.—The report of the epidemic at Darmstadt being concluded, allow me to make a remark as to its possible cause, one which I have not observed taken notice of in the correspondence on this singular outbreak of the disease. It is well known that women and children are in the habit of kissing pet cats and dogs, especially when these favorites are ill, with discharge from the nose, cough, and sore throat, and even use their pocket-handkerchiefs to wipe away the secretion. I have seen this done frequently. As such mistaken sympathy is exceedingly dangerous, I think a notice in the Journal to this effect would tend to its discouragement. It is a common saying, "There, the cat has got a cold; now it will go through the house;" and as this remark has been repeatedly fulfilled, it shows how careful people should be in avoiding contact with such a mode of contagion. I do not affirm that this was the way in which the disease was contracted either within or without the palace walls, but I feel sure the habit of kissing pets is a source of danger that should be widely known and prevented.—*Writer in British Med. Jour.*

WORMS IN THE EAR—DUTCH CHEESE BAIT.—Dr. Kaatzer, of Visselhövede, relates, in the *Berl. Klin. Wochenschrift*, the case of a farm-servant who came to him complaining of deafness, fullness, and at times severe piercing pains in his left ear; the external auditory meatus was found filled with a wriggling mass of worms, the brood of the common blue-bottle fly. Dr. Kaatzer endeavored to remove them by syringing the passage with tepid soapy and carbolic water, besides blowing tobacco-smoke for some time into the cavity and dropping in chloroform; syringing was still unsuccessful. With the other instrumental means Dr. K. had at hand he also failed; but before dismissing the patient to return next morning, he bound a slice of Dutch cheese over the outer opening of the external auditory meatus, which was to remain until the patient returned. The patient had a good night, and his curiosity tempting him to see the cause of that, he removed the bandage and the cheese on getting out of bed; and finding the worms in the cheese he threw the whole away before returning to Dr. Kaatzer to report himself cured. The doctor had found it impossible to remove the worms with the ordinary forceps without the assistance of reflected light, and wisely desisted from persevering in an attempt where much harm is often done by work-

ing in the dark. The larvæ, on being touched with the forceps, retreated to the bottom of the meatus, and took a firmer and more painful hold of its walls and floor.—*Edinburgh Med. Jour.*

FLOODING—INVERSION OF THE BODY.—The patient is seized by the shoulders and turned a quadrant of a circle, the centre of which is her pelvis, out of the bed, and her head declined until it reaches the floor.

The assistants are charged to support head and shoulders of the patient. The obstetrician proceeds to external and internal frictions of the womb. A subcutaneous injection of ergotine is made in the hypogastric region.

A case is related where a patient, pulseless and unconscious, was held in this position for an hour and a half. Consciousness and ability to speak appeared before the radical pulse could be felt.

The return to the horizontal position must be made gradually.—*Lyon Med.*

HYDROPHOBIA—OXYGEN.—This case is reported by Drs. Schmit and Zebeden, from Russia: The first symptoms of rabies appeared seventeen days after the injury. The patient was made to inhale three cubic feet of oxygen, and two hours afterwards he was in a state of perfect calm. Two days afterwards the symptoms of rabies reappeared, and another inhalation of oxygen was administered with the same success. This time the inhalation was continued for forty-five minutes. A slight dyspnoea, which persisted after the disappearance of the graver symptoms, was treated for three weeks by the monobromide of camphor.—*Lyon Med.*

TAENICIDE.—Tape-worm may be killed in an hour says Dr. Betelheim, of Vienna. Make a very concentrated decoction of pomegranate root, and administer from 200 to 400 grams by means of an œsophageal tube; patient having fasted for twenty-four hours. The worm is stupefied and is expelled, head and all, in an hour or two. The drug causes no sickness and nausea. It is cheaper than kousso and kameela.—*King's Co. Pro.*

PALMAR ARCH—WOUND.—In case of a wound of the superficial palmar arch, I bound the hand to the dorsal splint, after plugging the wound. He soon returned to me bleeding as profusely as before. I then determined on acupressure, and taking a stout harelip-pin, passed it through the tissues about half an inch from the edge of the

cut, under the artery, and out again to a corresponding distance the other side of the wound, and placed the limb again on the splint. This had the effect of entirely stopping the bleeding; the needle was removed on the fourth day, and the entire wound had closed by the end of the week.—*Dr. Bellany—Braith Ret. No. 78.*

AFTER-PAINS.—*R.* Sulph. morphiæ, 1 grain; Bromide. potas, 8 grains; Pulv. camphor, 8 grains; Caulophyllin, 8 grains. *M.* Make eight powders. *S.* One powder every hour or two until relieved.—*Southern Med. Record.*

CARBOLIZED AIR.—Professor Snelling, of Utrecht, uses a current of air, passed through liquid carbolic acid, in preference to the spray, in antiseptic surgery. The carbolized air tends to diminish capillary hæmorrhage from cut surfaces, while the spray, by maintaining moisture, encourages bleeding.—*Med. Herald.*

TARTRATE OF MORPHIA FOR HYPODERMIC INJECTION.—*Dr. J. A. E. Stuart* says: Tartrate of morphia, although quite soluble in cold water, yet the solution so formed is milky, so it is better to use hot water. It is soluble in water to a great extent, without either the aid of acids or spirits; indeed the solution for hypodermic injections made from it is of the same strength as the Pharmacopœia injection, viz: 40 grains to the ounce, or, in short, 1 grain of the tartrate in 12 minims of the solution, so that 2 or 3 minims is sufficient for an injection. The advantages which this solution possesses for hypodermic injection are these: 1. It is bland and unirritating, being as mild as water, whereas the Pharmacopœia injection is intensely irritating, even when prepared by the most experienced chemists. 2. The solution of the tartrate can be kept fresh for any length of time, while the Pharmacopœia injection soon changes color and goes wrong. 3. The ease with which this solution of the tartrate is prepared, by merely weighing out the quantity and dissolving it in a certain measure of hot water.—*Edinburgh Med. Jour.*

HYPODERMIC SOLUTIONS:

Ext. Ergot Solution.—*R.* Ext. ergot, (Squibb's,) 1 part; carbolized distilled water, 5 parts.

Magendie's Sol. Morphia.—*R.* Morphiæ sulph, gr. lxxx; distilled water, (carbol,) f. ʒ v. *M.* and filter.

Lente's Solution of Quinia.—*R.* Sulph. quiniæ, gr. lxxx; acid. sulph. dil., q. s.; aquæ, ad. f. ʒ i; heat to boiling and add, acid. carbolic, gr. v.

Sol. Pilocarpia Muriate.—R. Pilocarpia mur., gr. i; aquæ dest., (carbol,) m. l. Dose, ten minims.

Sol. Apomorphia Muriate.—Apomorphiæ muriat. cryst, gr. i; aquæ dest. m. lxxx. Dose, 10 m. for emetic. To be prepared only at the time it is wanted.—*Drug Cir. and Gaz.*

MALARIAL DISEASES—IRON AND ALUM MASS.—This powerful tonic obtained from the mineral waters of the Seven Springs, Va., is a ferruginous compound, superior in many respects to artificial combinations, upon the well-known principle, that nature's formulæ cannot quite be equaled by the chemist. For chills and fever dissolve thirty-six grains of the mass in half a goblet of water, and take this amount three times daily.

ABORTION—HEMORRHAGE FOLLOWING.—Dr. Boisters, of Berlin, dilates the cervical canal, injects a three per cent. solution of carbolic acid, and then goes over the whole of the inner surface of the womb thoroughly with Simon's spoon, after which he again injects the carbolic lotion. This method he claims to be not only innocuous, but especially valuable in cases in which the uterus and surrounding tissues are in a condition of inflammation, and in which the uterus is bound down by adhesions.—*Cin. Lancet and Clinic.*

TÆNICIDE—PELLETIERINE.—Mr. C. Tanret, announces the discovery of a liquid alkaloid from Pomegranate bark, which he names Pelletierine; it is obtained colorless, but upon exposure to the air, or if left in flasks incompletely filled, it becomes colored very rapidly; it is very soluble in water, with which it undergoes contraction; it is the tænicide principle of the bark.—*Ph. Jr. and Trans.*

DIABETES INSIPIDUS.—The excessive secretion of urine has been cured by Dr. Da Costa from the administration of ergot. Salicylate of soda is also said to have effected a complete cure. Large doses are required.

TAPE-WORM—SLIPPERY-ELM BARK.—Dr. C. Hixon, in the *Ohio Medical Recorder*, says: "I was consulted by Mr. J., who at various times had passed large quantities of tapeworm. I prescribed for him the ethereal oil of male fern, also kousso, kamala, and pumpkin seed without any result. I then prescribed fresh elm bark *ad libitum*, of which for several days he consumed large quantities. I then gave him castor oil and turpentine emulsion; when fifty-three feet of tapeworm were expelled, including the head. It was enveloped in the

great mass of apparently undigested bark, which the cathartic brought away. Becoming entangled in it the worm seems to have lost its grip and never again regained it, and was hurried along by the increased peristaltic action."—*Lou. Med. News*.

DYSENTERY—MORPHIA HYPODERMICALLY.—Dr. J. E. Washington reports that he has found hypodermic injections of about $\frac{1}{2}$ grain of morphia to be a most certain remedy for dysentery accompanied with tenesmus. It appears to act like magic. Its rapid effects cannot be produced by opium.—*Nashv. Jour. of Med.*

NERVINE AND ANTI-SPASMODIC.—A favorite prescription in the Hospital of Chest Diseases, London, is the following, useful in epilepsy, chorea, dysmenorrhœa, hysteria epileptica, and like nervous conditions: R. Potassii bromidi, gr. x; tinct. conii, m. xxx; tinct. valerianae ammon, m. xx; aquæ camphoræ, fl. 3 i. For one dose, thrice daily.—*New Rem.*

ACUTE GLOSSITIS.—W. Myers, M. D., *Cin. Lancet and Clinic*, reports six cases of acute glossitis treated by free incision of the dorsum of the tongue, or by leeches. While general blood-letting seemed to do but little good, blood taken locally relieved in one to two hours time. In some of these cases, the supervention of urgent symptoms came on as suddenly as four hours from the time of attack.

TETANUS—CHLOROFORM.—From an analysis of 415 cases of tetanus, Dr. D. W. Yandell asserts that chloroform is the most efficient agent in its treatment, while calabar bean ranks among the least effective.—*Brain—Med. Record*.

BRIGHT'S DISEASE—RESIN OF COPAIBA.—A case of Bright's disease, showing the remarkable diuretic effects of *resina copaibae* is reported in the *British Med. Jour.* Fifteen grains thrice daily, caused the amount of urine passed to increase, in twenty-four hours, from 35 ounces to 139.

PALUDAL TORTICOLLIS.—M. Jules Simon records a case occurring in a child four years old, who suffered every day about the same time, from spasmodic contractions of the sterno-mastoid, lasting four or five hours. It had previously suffered from several attacks of intermittent fever. It recovered under quinine treatment.—*Canadian Jour. Med. Sc.*

POISONING BY ARSENITE OF SODA—ANTIDOTE.—The ordinary antidote to arsenious acid (hydrated sesquioxide of iron) is wholly inefficacious in poisoning by arsenite of soda or potassa. The antidote to the latter is formed by the mixture of a solution of sesquichloride of iron and the oxide of magnesium. This mixture also answers for acid arsenious, consequently should always be preferred in arsenic poisoning. Give the officinal liquor ferri sesquichloridi, and afterward the magnesias. Give a cathartic an hour after the antidote. Avoid all acid drinks.—*Med. Record.*

PILOCARPIN—CAUTION.—Dr. Petriner shows by means of sphygmographic tracings, that in certain acutely sensitive persons, or in individuals suffering from disease of the heart, one or two doses, consisting of a half to one syringeful of a 2 per cent. pilocarpin solution, causes a slowing of the pulse and arrhythmia. Degeneration of the muscular substance of the heart, disease of the valves, or impediments to the circulation arising in other parts, such as marked emphysema of the lungs, great exudation from the pleura, or high fever, require that great caution should be exercised in the administration of pilocarpin lest death should occur.—*Arch. f. klin. Med.*—*The Practitioner.*

HEADACHE.—R. Bromide of potassium, ʒij; tincture of aconite root, ʒj; distilled water; simple syrup, āā ʒij. M. Sig.—Take a dessert-spoonful in some water every hour until relieved.—*American Practitioner.*

HERPES CIRCINATUS, OR RING-WORM.—An obstinate case of eight months' standing was cured by the following: R. Fowler's solution of arsenic, ʒss; phytolacca, ʒii; water, ʒiv. M. Dose, a teaspoonful four times a day. In addition to the above treatment, gave for external application: R. Citrine ointment, one part; simple cerate, three parts.—*So. Med. Record.*

APOMORPHIA AS AN EXPECTORANT.—Drawing a conclusion from the fact that ordinary emetics when administered in small doses, generally act as expectorants, the director of the Heidelberg Polyclinic made experiments with small doses of apomorphia. It was found to greatly facilitate expectoration, and to quickly remove dry and sibilant râles. It was given in doses of $\frac{1}{64}$ to $\frac{1}{8}$ grain in solution, the hydrochlorate being preferred.—*Rev. Therap. Med. Chir.*

CANCER TREATED BY EUCALYPTUS.—M. Luton, of Rheims, gave a patient with cancer, eucalyptus internally and locally, with good results, the cancer healing entirely.—*Virg. Med. Monthly.*

SICK HEADACHE.—R. Fl. ext. ergotæ, ʒj; fl. ext. valerian, ʒj. M. Sig.—Thirty drops every half hour until relieved. Two or three doses are usually sufficient.—*Med. Sum.*

SCROFULOUS SORES.—A Scotch clergyman states in the *Edinburgh Medical Journal* for March, 1876, that three grains of corrosive sublimate in a pint of whisky constitute an almost infallible remedy in scrofulous sores or runnings. A rag dipped in this twice or thrice a day should be kept on the ulcers until healed.

CONSTIPATION IN INFANTS—LACTOPEPTINE.—Dr. J. Howard, Wis., writes:—I have had many cases of constipation among infants who, aside from constipation, seemed perfectly healthy. I have advised enemas and laxative doses of manna, etc., to be used until the difficulty righted itself. Lately I have used lactopeptine with good results. I give it in breast milk in doses of five grains to a child from four to six months old. Given twice daily, for a short time, it soon helps the digestive organs to do their work properly and the constipation ceases.—*Med. Brief.*

RETENTION OF URINE—CHLORAL.—Dr. Tidd reports the case of a young woman, in the ninth month of pregnancy, who had not urinated for twenty-four hours, as a result of which the bladder was enormously distended. Catheterization was tried but failed, in consequence of the swelling and of the deviation of the urethra. Puncture of the bladder was proposed, but the patient refused to consent to it. Ten grains of chloral were then ordered every half-hour; it produced a deep sleep, during which the patient passed unconsciously an enormous quantity of urine. The evacuation commenced five minutes after the second dose of the solution. The retention did not return and seven days later the patient was delivered of a healthy child.—*Jour. de Med. de Bord.*—*St. Louis M. and S. Jour.*

GINGIVITIS, OR SORE GUM, IN PREGNANT WOMEN.—Dr. Pinard writes to *l'Abeille Med.*: Hydrate of chloral and tincture of cochlearia officinalis (common scurvy grass) equal parts. This solution was applied every day, or every two days, to the free and diseased edge of the gums by the aid of a mop. This dressing was slightly painful, and the cauterization very light. The white and very superficial eschar disappeared generally twenty-four or thirty-six hours after the application. In thirty women attacked with gingivitis, who

were subjected to this treatment, twenty-five were cured in less than fifteen days. In two of them the cure was slower, complications having supervened which necessitated the use of mercurial ointment.

EXPECTORATION FACILITATED BY INVERSION OF THE BODY.—Dr. Raynaud has tried with success the following method: A girl, fifteen years of age, convalescing from typhoid fever, contracted a purulent pleurisy, and after a time there was pulmonary perforation followed by a considerable vomica. The expectoration was insufficient to empty the liquid contained in the pleura, and in consequence the general condition became constantly worse. Dr. Raynaud then placed the child with her head below the border of the bed, and this manœuvre was followed by an abundant expectoration. This process repeated several times, emptied the pleura of its purulent contents, and the child rapidly recovered its strength and was soon quite well.—*Giorn. Ven. di Sc. Med.*—*So. Med. Rec.*

BED-SORES—MEDICATED POULTICES.—Dr. Dyce Duckworth recommends that in addition to the use of the water-bed, the patient should lie with the buttocks and sacrum constantly upon poultices. These should be made of linseed, and if there be much discharge or fœtor, the cataplasma carbonis should be used. They should be made of pure linseed, and frequently changed. They must be large and secured in position by a binding sheet over the abdomen and by safety-pins. The balsam of Peru should be added if there is deep excavation and sloughing.—*Am. Med. Bi-Weekly.*

EPILEPSY—CURARE.—In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin eight drops of this solution, and in various cases in which convulsions had occurred for several years, he obtained a complete cure after eight or ten injections.—*Canada Med. Rec.*

LEUCORRHOEA AND SIMPLE ULCERATION OF THE UTERUS.—Dr. William Conyn has been prescribing the following combination as an injection in leucorrhœa and ulceration (simple) of the uterus, varied in strength and proportion according to the severity of the case: R. Acidi carbolic; liq. plumbi subacet; fluid ext. papaveris; glycerine; aqua rosæ.—*Buf. Med. and Surg. Jour.*

ASTHMA, CROUP, &c.—INHALING FLUID.—R. Chloroform, 15 parts; ether, 30 parts; spirits of turpentine, 5 parts. Mix. Pour a teaspoonful on a cloth, and keep it about three or four inches from the mouth, until the attack is over.—*Med. Brief.*

WHOOPIING COUGH.—The following is recommended by Dr. John J. Caldwell, in *Boston Med. and Surg. Jour.*: R. Fl. ext. belladonna m. v to x; potass. bromid, ℥i; ammon. bromid, ℥ij; aqua, ℥ij. M. Sig. Inhale one tablespoonful in the ordinary atomizer.

PLEURITIC SIGNS—SIMULATED BY WORMS.—Deceptive signs of pleurisy and other respiratory affections are occasionally brought about by the presence of worms in the intestinal canal. There is a dry and frequent cough, and sharp pain, generally in the right side, sometimes nearly as high as the shoulder. Dyspnœa, orthopnœa and other functional derangements may be present.—*l'Aunee Méd.*

CARBOLIC ACID POISONING—DILUTE SULPHURIC ACID.—This combines with the phenol, and forms the non-poisonous phenyl-sulphuric acid. Dr. Senfleben has used it with success. He gave ten drops, diluted, every hour.—*King's Co. Proc.*

NIGHT SWEATS.—R. Ext. prun. Virg.; ext. hyoscyami; ext. ergotæ, fl., āā ℥ss; acid. sulph. aromat; Tinc. kino, āā ℥iij;. M. S. Half teaspoonful in water thrice daily.—*Ohio Med. Rec.*

STRYCHNIA AS A TONIC.—It would appear that strychnia or nux vomica is one of the most valuable tonics which we possess. When combined with nitro-hydrochloric acid it is perhaps one of the most efficient remedies that we can give for the debility which is so often noticed in warm weather, and when the ordinary tonics, such as gentian, columba, cascarilla, or quinine do not produce the desired results, the addition of a little nux vomica or strychnine to them may give us the wished-for effect.—*Braith Ret., No. 78.*

HYDROPHOBIA—CURARE.—A boy, 12 years old, was bitten by a mad dog. After eighty days incubation, the usual symptoms appeared, and were treated by chloroform and morphine without results. Subcutaneous injections of twenty centigrammes of curare, in seven doses, were made in five and a half hours. From the first injection muscular and spasmodic attacks ceased. The fear of light and of water soon followed, and a gentle calmness of the whole body succeeded. Symptoms of paralysis appeared during two days. Forty-

eight hours after suspending the medicine, hydrophobic symptoms reappeared, and after giving three centigrammes of curare, disappeared a second time, followed by a permanent cure. The patient slowly recovered in two months. The points of injection were considerably inflamed.—*Gaz. des Hop.—Va. Med. Monthly.*

NUTRITIVE ENEMATA.—Dr. Heine prefers for rectal alimentation the use of Leube's formula, of two-thirds beef and one-third fresh pig's pancreas. The prepared mixture is passed high up the bowels by means of Dr. Beirne's tube, aided by gravitation, instead of being injected as ordinarily, and then the large intestine is enabled to retain and digest much of the preparation.—*London Med. Record.*

CHARCOAL FOR BURNS.—A retired foundryman claims that powdered pine charcoal thickly dusted over a burn is a never-failing and speedy remedy.—*N. C. Med. Journal.*

EPITHELIAL CANCER—CHROMIC ACID.—(Surgical clinic of Dr. R. J. Levis, Pa. Hospital.) This man has an epithelial cancer, which is of twenty years' duration. It is situated, as you see, in a somewhat singular position, being in the temporal region, near the outer canthus of the right eye. The most common site for an epithelial cancer is at the junction of the skin with the mucous membrane, as upon the lip, etc. But this case seems to have deviated a little from the general rule, inasmuch as the cancerous growth appears to be confined to the skin without involving the mucous membrane at the outer canthus of the eye.

The man has been treated in a variety of ways, and had a number of local applications made to the affected part, but has received, as yet, little or no relief from any of them. What I propose to do in this case is to destroy the cancerous tissue by successive applications of the most powerful escharotic which we possess. This agent is chromic acid. It is a most powerful agent for the destruction of cancerous tissue. It destroys by rapid oxidation, and its power of decomposition is out of all proportion with its chemical action. The pure acid is prepared for application by diluting the crystals just enough to render them liquid, so as to permit of ready application with the brush. It is then applied to the margin of the cancerous growth, upon all sides, and the application is repeated from time to time, as the case may demand. In this way the morbid growth is gradually encroached upon, so that, in time, I hope to decrease its

size, as well as greatly relieve his present sufferings.—*M. and S. Rep.*

RECTAL ALIMENTATION—DEFIBRINATED BLOOD.—During the sixth stated meeting of the Therapeutical Society of New York, the Committee on Restoratives, through its chairman, Dr. Andrew H. Smith, presented a report including 64 cases. From the facts before them, the committee found:

That defibrinated blood is admirably adapted for use for rectal alimentation.

That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

That, administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels.

That in a very small percentage of cases irritability of the bowels attends its protracted use.

That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

Miscellany.

WASTE PRODUCTS —Those inventions deserve special honor, and generally receive special and substantial recognition, which develop new industries or utilize waste products. It is saving that makes the individual rich and the community prosperous. The glycerine industry, which has attained colossal proportions, is a notable illustration of a great manufacture based entirely upon the saving of a product that until lately was a waste result with the soap boiler. Even more important in magnitude we may estimate the industries connected with the manufacture of the aniline colors and artificial alizarine from the refuse coal tar that was formerly the curse and nuisance of gas works. The waste blood of the abattoir is sought after by the sugar refiner and the manufacturer of albumen. Old boots and shoes and leather waste are turned to good account by the chemical manufacturer in producing the cyanides, ferro and ferric

cyanides, so indispensable in color printing and photography. Sawdust, mixed with blood or other agglutinative substance, and compressed by powerful pressure, is moulded, and turned into door-knobs, buttons, and a thousand decorative or useful articles; or, as is the case, too, with the spent tan of the tanneries, and the spent bark of the dye works, it is utilized for fuel. Oyster shells, of which our barbarous ancestors made the shell mounds that delight the soul of the archæologist, are burnt to lime. The waste of the linseed oil manufacture is eagerly sought for as food for cattle. The waste ashes of wood fires are leached for potash. River mud is mingled with chalk burnt and ground to make the famous Portland cement, and the ruthless hand of utilitarianism has not even spared the brickbat, that from time immemorial has served only to crack the heads of opposing factions, but grinds it up to make cement with lime. The finest glue size is made of the waste of parchment skins. The waste gases of the blast furnaces are now employed to heat the blast, to generate the steam that drives the engine that makes the blast, to hoist ores, drive machinery, etc., and even the slag that had for years served to decorate the hill sides is cast into buildings and paving blocks, granulated for building sand, or ground for cement, mixed with appropriate chemicals, and made into the common grades of glass, or blown by a steam jet into the finest filaments to form the curious mineral wool used largely as a heat insulating protector upon steam pipes, boilers, roofs, etc. So, too, the enormous hills of anthracite coal dust that have for years borne silent testimony to the crudity of our methods of coal mining, bid fair to disappear in time beneath the boilers supplied with ingenious dust burning devices, or in lumps of artificial fuel. Even the anthracite itself but a few years ago was a black stone unappreciated and useless. The waste heat of the lime-kiln is made to generate steam and made to warm immense public buildings, and the "exhaust" of the steam engine must do duty in heating the feed-water. Instances like the above could be multiplied almost indefinitely to demonstrate how invention has enabled us, with the most beneficial results, to reap advantages where none were supposed to exist, or where, if they were suspected, they were undervalued or unavailable or simply neglected.—*Scien. News.*

INFECTED HAIR.—The disinfection of hair brought from unknown or foreign sources for use in upholstery, seems to be necessary as a safeguard against infection of those employed in handling or using it,

with charbon or malignant pustule, some cases of which have lately occurred in Massachusetts. A series of cases was reported to the Massachusetts Medical Society in 1870, and details of the cases are well described in the published communications of the society for that year. A prolonged reference of the hair to a moist heat of 140° Fahrenheit or over and the use of sulphuric acid are said by the *Boston Med. Jour.* to have been found effectual in disinfection of charbon virus.—*Buffalo M. and S. Jour.*

LINIMENT FOR CHILBLAINS.—Venice turpentine, 3iij; castor-oil, 3jss; collodion, 3vijss; mix. Apply the liniment with a camel's-hair brush to the fingers or toes which are the seat of the chilblains, whether ulcerated or not. Repeat as often as necessary to preserve the part from contact with the air, and continue until cured.—*L'Union Med.*

TRICHOSCOPY.—At the meeting of the Société de Biologie, on January 25th, M. Galippe spoke at some length on the different signs by which we may distinguish hair cut off from the head of a living person from that which has fallen out. He said that the former has a peculiar odor which the latter does not possess; that it is soft and lustrous and more easily plaited; while the hair which has fallen out always presents a variety of coloring and is lusterless. Hair which has come out rapidly; *e. g.*, in the course of a serious illness—also presents peculiar characteristics. The hair of the Chinese has a very distinct odor of musk which nothing can dispel. Although it appears to be of a beautiful black, still, when examined with the light falling on it, it shows red reflections. The hair of hysterical patients also presents certain peculiarities; *e. g.*, it contains a certain amount of electricity, which, however, only seems to exist for a short space of time, and is especially marked shortly before the hysterical paroxysms.—*Brit. Med. Jour.*

DELIRIUM TREMENS.—The very slight mortality in delirium tremens at the present day is due, Dr. Geo. W. Balfour says, chiefly to our avoidance of the former forms of medication, such as tartar emetic, bleeding and purging, and opium and chloroform, etc. It was the treatment and not the disease that killed. Digitalis he does not think safe in the doses it is commonly given in—namely, half-ounce and ounce doses of the tincture. Capsicum he has gotten good results from, but no longer uses it. His treatment is large doses of bromide of potash and large doses of chloral. He gives forty grains of

chloral hourly for three hours, if necessary to produce sleep. He gives digitalis when the heart is weak. In such cases he gives the chloral in half-ounce doses of infusion of digitalis. Chloral, he says, does not weaken the heart as the bromide does. A tartar-emetic vomit he considers excellent to arrest a debauch. Alcohol he never gives in delirium tremens.—*Lancet*.

“HASCHISCH”—RESIN OF *CANABIS INDICA*.—The family of plants to which Indian hemp belongs, furnishes two kinds of hemp, common hemp, (*cannabis sativa*,) and the Indian hemp, (*cannabis Indica*.) The latter possesses medical merits. The Arabs call it haschisch, or *the herb*, intending to express, by this term, that it is the most precious of all herbs. In Algeria, it is haschisch al Fohma, or the Faker's herb. The intoxicating effects of cannabis have been known from remote antiquity. It is of this, the famous *nepenthes*, of which Homer speaks, and to whose writings it owes much of its reputation. The Orientals use it under different names, and generally with aromatics and aphrodisiacs. They smoke it and take it in pastilles, electuaries, drinks, etc. It is mixed with musk, cantharides, and other medicines. It is stimulating and intoxicating in small doses. In large doses it is sedative, and produces a sort of voluptuous stupor similar to alcoholic liquors. Under its influence, objects have grand proportions; sounds appear pleasant and agreeable to the ear, and the victim feels buoyant and perfectly happy, with a profound indifference to earthly objects, without regard to age, sex or condition. The habitual use of haschisch tends inevitably, to imbecility or mental derangement. These details explain how difficult it is to adapt it to therapeutical uses, although the Orientals had long observed that the *haschischeurs* were free from pulmonary and rheumatic complaints, and only used it for sensorial pleasures. The first medical use of the drug is due to the physicians of Vienna and Berlin. French and English practitioners afterwards experimented with it. The results obtained were remarkable. They established, without doubt, that the Indian hemp was *par excellence*, a special anti-spasmodic, and serviceable in almost all affections of the respiratory passages. Its application is not limited simply to asthma, but may be used in all cases of dyspnoea. Besides this, the herb has been used in rheumatism, nervous affections, wakefulness, amenorrhœa, as a diuretic in dropsies, and Moreau, of Tours, used it in mental maladies.—*Va. Med. Monthly*.

STEEL-RUST.—According to the *Chemiker Zeitung*, articles of steel which have become rusty may be cleansed by brushing with a paste made up of 30 parts of cyanide of potassium, 30 parts of curd soap, 60 parts of precipitated chalk and a sufficiency of water. Great care is required in preparing and using this poisonous mixture.

SWEATING HANDS OR FEET.—A writer in the *British Medical Journal* recommends for this, the painting of the surface affected, with the tincture of belladonna. An ointment of the same could also be offered with advantage in certain cases. In case of the hands, a “bracelet” painting of the tincture about the wrist has proven successful.

LEECH IN THE OESOPHAGUS.—A countryman, age 34, had suffered from hemorrhage, cough and dyspnoea during $1\frac{1}{2}$ months. Febrile movement at night, was pale and broken down. He had swallowed a leech while drinking, and had felt the animal moving in his throat. Emetics failed to dislodge it. A wire was bent to suit the curvature of the mouth and throat, and to the end of this a small sponge was fastened. Having soaked this in a concentrated solution of common salt, the instrument was introduced, the leech dislodged and expelled during a fit of coughing which ensued.—*Hosp. Gaz.*

CONTAGION OF PHTHISIS.—The repeated observation that perfectly healthy girls from perfectly healthy families, after long nursing of a phthisical patient, becomes phthisical themselves and rapidly perish, led Dr. Tappeiner, of Meran, involuntarily more and more to the belief in the contagiousness of phthisis, especially to its infection by inhalation of sputa diffused in pulverized form in the air of a chamber inhabited by a phthisical patient.

In order to determine this question experimentally, he kept animals in a space or chamber in the air of which phthisical sputa in fine particles was suspended. The sputa from patients with cavities in the lungs was rubbed up in a mortar and put into an atomizer whence it was diffused into the chamber.

In the experiments, 1—4 the animals inhaled the air twice a day, for an hour at a time; in the experiments 5—8, the animals breathed the air but once a day for an hour, and were then put into the open air. In the last three experiments the animals breathed the sputum air in a rough board chamber which was freely open for ventilation.

Dogs alone were used, because these animals are affected with phthisis only extremely rarely. Full liberty of motion was permit-

ted while in the chambers of observation. In all cases miliary tuberculosis developed in the lungs, proven by post-mortem examination.

The symptoms began on the third week from the day of the first inhalation. The quantity of sputum inhaled was in some cases very small, as in the last three experiments, but one gramme was atomized, and as most of all sputum is water it may be seen how minute a quantity suffices to induce the disease. *Per contra*, the author caused other animals to inhale other substances, Limburg cheese, calves' brains, etc., and in no case was tuberculosis developed.

The author concludes from his studies and experiments that the inhalation of particles of tuberculous sputa engenders tuberculosis in dogs without exception.—*Cin. Lan. and Clin.*

REMOVAL OF FRECKLES—A useful remedy for removing freckles on the face, sunburn, roughness of the skin etc.: R. zinci oxid, ʒj; calomelanos, ʒj; hyd. ammon. chlor., gr. vj; glycerin., ʒij; aq. rosæ, ad. ʒij. M. ft. lotio.—*Drug. Cir.*

FEVER-BREEDERS—Houses that have been empty may become fever-breeders when they come to be re-occupied. An English sanitary officer alleges that he has observed typhoid, diphtheria, or other zymotic affections to arise under these circumstances. The cause is supposed to be in the disuse of cisterns, pipes and drains, the processes of putrefaction going on in the impure air in them, the unobstructed access of this air to the house, while the closure of windows and doors effectually shuts out fresh air. Beware of an unoccupied house.—*Brooklyn Proc.*

ANCIENT INK.—To imitate old manuscripts, etc., take one drachm of saffron, infuse it into $\frac{1}{2}$ pint of nut-gall ink, and warm it over a gentle fire. Whatever is written with this will appear as if of many years' standing.—*Can. Ph. Journ.*

PEACH KERNELS FOR CLEARING WATER.—A Dutch hotel-keeper, in the Transvaal clarifies the turbid water of the district in the following way. Half-a-dozen dried peach kernels are slightly cracked and thrown into a large butt of water. In an hour or two the muddiest water will be found beautifully clear.—*New Rem.*

DRINKING BLOOD.—Fresh blood has been often drank in the Abattoirs as a remedy in debility, etc. Its value is doubtful. According to Dr. J. Jeannel, it is difficult of digestion, slow of assimilation, imparts a fetid odor to the faces, and is in every way inferior to rare or raw beef, or beef tea.

VALUE OF VENESECTION.—M. Chauffard (*La Presse Medicale Belge*) thinks that phlebotomy is at the present day often neglected in cases where it might be found very useful. He lately had under his care in the hospital a young man, twenty years of age, robust, moderately stout, and rather plethoric, who, after enjoying good health, had a severe attack of hæmoptysis. By occupation he was a stone-cutter, and doubtless the attack had been excited by the irritation caused by inhalation of the dust. The symptoms having lasted for three days without any signs of improvement he entered the hospital. After examining the lungs, and finding them free from any serious disease, M. Chauffard prescribed blood letting to the extent of 500 grammes. The result was very remarkable, for the hæmoptysis, which had continued up to the time of the operation, ceased immediately afterward. His appetite and strength soon returned, and the blood so quickly recouped itself that no trace was left of the double loss it had undergone. It may be observed that the above is the inverse of what takes place in those cases in which a suppressed normal hemorrhage gives rise to one that is vicarious of it. It is not, however, merely the accidental attack of hemorrhage that may be arrested in this manner, for it should be borne in mind that the hemorrhagic molimen to which, by habit, an organ has been subjected may be a source of danger. For instance, one of the most useful applications of blood letting is the prevention of those catamenial congestions which persist after impregnation, and which lead to the separation of the ovum.—*Med. and Surg. Rep.*

SPICULAE IN THE EYE.—A medical correspondent of the *Lancet* sometime ago made a suggestion which may prove useful on emergency. He says: "In consequence of the difficulty I experienced in removing from a patient a portion of steel deeply bedded in the cornea, which did not yield to spud or needle, some other means of removal became necessary. Dry, soft, white silk waste suggested itself to me, and was wound around a thin piece of wood, so as to completely envelop its end. This soft application was brushed once backwards and forwards horizontally over the part of the cornea where the foreign substance seemed fixed. To my astonishment it was at once entangled by the delicate but strong meshes of the silk, and was withdrawn with the greatest ease, caught by the same. A gentleman in turning steel at a lathe suddenly felt that a portion had entered his eye. He went at once to a surgeon, who with the most skilful manipulation failed to extract the same, saying it would

soon work out of itself. The next morning the patient saw me, having suffered severely since the accident, and on the first application of the silk the portion of steel was extracted."

FIRST BLOOD FOR THE METRIC SYSTEM.—We find the following item in the *Pharm. Jour.*: An "accident" resulting in death, from a carelessly written prescription, took place in Rossala, Germany. The prescription was written as follows: "Chloral hydrate, 15.0; tinct. opii spl., 15; aq. dest., 60.0. D. S. A third part to be used as a clyster in the evening." The assistant into whose hands the order came, and who happened to be unqualified, without consulting his principal, or the physician, interpreted "tinct. opii spl. 15" to mean 15 grammes of tincture of opium, and dispensed it accordingly, the consequence being the death of the patient. The result of a legal inquiry was that the physician, apothecary, and assistant were all held culpable, and sentenced to one, two, and three months' imprisonment respectively.

AN ANCIENT MALINGERIST—EFFECT OF EMOTION.—It is related by Sprengel that the Arabian physicians sometimes relied with great success on moral means, of which the following is a striking instance: One of Haroun Al-Raschid's wives suffered from paralysis of both arms. Dschibrail, the court physician, induced the caliph to summon all the leading nobles to a large hall in his palace, and then introduced the lady to the assembled multitude. Without a word of preface he raised her veil, when feelings of shame and fear restored strength to the palsied arms. The lady hastily drew her veil down again, and was cured from that hour.

DENTITION.—Prof. Thompson, of New York, teaches that the reflex irritation produced by teething is capable of suspending almost entirely the secretion of the gastric juice, and accounts for the sour emesis and stools of undigested caseine, having the odor of fermentation.—*King's Co. Pro.*

RELIGION AND CHLOROFORM.—Dr. B. W. Richardson lately gave a Sunday afternoon lecture in London on "Anæsthetic Sleep and the Temporary Abolition of Pain." He remarked that the credit of having introduced chloroform belonged to the late Sir James Simpson, of Edinburgh. Its introduction and application were objected to on religious grounds, some people contending that man, according to Scripture, should endure pain and trouble throughout life. Sir

James Simpson threw the scriptural argument back upon those who used it by saying that when the first man had an operation performed upon him he was put in a deep sleep, and knew nothing at the time when the rib was taken from him.—*Jour. Chem.*

COMMUNICATION OF SYPHILIS BY TOYS.—At a late meeting of the Society of Public Medicine, in Paris, Dr. Galippe made a communication in which he related his observation of facts of transmission of syphilis through children's toys. The vendors in the streets and bazaars of Paris may be affected with syphilitic lesions of the mouth, and through the habit of practicing on children's whistles and trumpets in order to attract attention, may possibly transmit the affection.—*London Lancet.*

WHY OPERA GLASSES INJURE THE EYES.—We condense the following from the *London Med. Record*: When the optic axes are parallel, as when the eyes are directed to any distant object, binocular vision results without effort, the accommodation of the two eyes being perfectly relaxed; and if the tubes of the opera glasses be distant from each other by the same space which separates the pupils, the conditions of ordinary vision are realized; but if the distance between the tubes vary either more or less than double images are produced, homonymous if the distance between the tubes be greater than that between the pupils, and crossed if the distance be less. Now, the eyes have greater difficulty in uniting homonymous images which are separated by a slight interval than is the case with crossed images; it is extremely important therefore to use opera glasses, the tubes of which exactly correspond to the distance between the eyes. Glasses which are too wide should be carefully avoided. In myopia the optic axes have a tendency to diverge, and distant objects give rise to images which are slightly crossed; and in such a case the ocular lenses should be rather more distant from each other than the object lenses; that is to say, they should be capable of being shifted laterally, and from within outward. With hypermetropia the reverse is the case; the ocular lenses should be nearer to each other than the object lenses, *i. e.*, they should be capable of lateral movement from without inward. Dr. Giraud-Teulon believes that if opera glasses were constructed so that the ocular lenses were capable of lateral movement, very many people who are now unable to use them would be able to do so, and without fatigue or inconvenience of any kind.

Facetiae.

NO HOMEOPATHY IN HIS'N.—One hot afternoon as the doctor was taking his past prandial snooze, he was awakened by a Clauverwey Dutchman, who explained as well as his broken English would admit, that his wife was sick, and he wanted some medicine. The Doctor inferred that his "vrow" needed simply a fever solution, and gave a powder, with directions to *put the powder into a teacupful of water, and take a teaspoonful every hour*. The Dutchman trudged home but returned in about an hour for renewed "directions." It transpired that he had told his wife that the doctor ordered her to put the powder into a *teakettle* full of *water* and take a *teapot full every hour*.

A WRITER in one of our exchanges heads his piece "fugitive thoughts on diphtheria." After reading it, one wonders why he did not let them fly on instead of putting them down in ink.—*Louv. Med. News*.

SCIATICA AND PROFANITY.—In a town near Boston there lives a good lady who suffers acutely from sciatica. She has consulted physicians far and near, but has been unsuccessful in finding any cure. Not long since she heard of a man afflicted with the same disease in an aggravated form, and it occurred to her that she would call upon him and ask whether he had ever found anything that would avail to lessen its terrors. "Do you," she asked, "find anything that affords you relief?" "Yes, marm," he replied, "two things." "Pray, what are they?" "*Cursing and swearing*," said the invalid.—*Boston Jour. of Chem*.

FAIR INFERENCE.—A lady's maid, visiting with her mistress at the residence of a celebrated surgeon, then deceased, noticed the classic invitation, "salve," upon the hall floor, and in the parlor a picture of Cleopatra applying the asp to her beautiful bosom. Whereupon, with that quick but not always correct woman's intuition about which we hear so much now-a-days, she confidently but in all innocence inquired, "Dr. — was a physician, was he not? I felt sure he was when I saw *salve* on the entry floor, and then that poor thing in the parlor, with her broken breast and the leech in her hand. I knew he must have been a doctor."—*Harper*.

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But only when in danger, not before;
The danger o'er, both are alike requited,
God's forgotten and the doctor slighted."

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The most important remedial agent ever presented to the Profession for
Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation,
 And all diseases arising from imperfect nutrition, containing the five active agents
 of digestion, viz: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic,
 and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 ounces.	Veg. Ptyalin or Diastase	4 drachms.
Pepsin	8 ounces.	Lactic Acid	5 fl. drachms.
Pancreatine	6 ounces.	Hydrochloric Acid	5 fl. drachms.

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested LACTOPEPTINE, recommend it to the profession.

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| <p>ALFRED L. LOOMIS, M. D.,
 <i>Prof. of Pathology and Practice of Medicine,
 University of the City of New York.</i></p> <p>LEWIS A. SAYRE, M. D.,
 <i>Prof. of Orthopedic Surgery and Clinical
 Surgery, Bellevue Hos. Med. Col.</i></p> <p>A. VAN DEVEER, M. D.,
 <i>Albany, N. Y., June 8th, 1878.
 Prof. of the Prin. and Prac. of Surg., Al-
 bany Med. Col.; Surg. Albany and St.
 Peter's Hospitals.</i></p> <p>JOHN H. PACKARD, M. D.,
 <i>Philadelphia, Pa., May 30th, 1878.
 Pres't Pa. Co. Obstet. Society; Surg. Epis-
 copal and Woman's Hospitals.</i></p> <p>JAS. AITKEN MEIGS, M. D.,
 <i>Philadelphia, June 20th 1878.
 Prof. of the Institutes of Med. and Med.
 Juris. Jeff. Medical College; Phy. to
 Penn. Hos.</i></p> <p>W. W. DAWSON, M. D.,
 <i>Cincinnati, O., June 21st, 1878.
 Prof., Prin. and Prac. Surg. Med. Col. of
 Ohio; Surg. to Good Samaritan Hos.</i></p> <p>ALBERT F. A. KING, M. D.,
 <i>Washington, D. C., June 19th, 1878.
 Prof. of Obstetrics, University of Vi.</i></p> <p>D. W. YANDELL, M. D.,
 <i>Louisville, Ky., March 7th, 1878.
 Prof. of the Science and Art of Surg., and
 Clinical Surg. University of Louisville.</i></p> <p>ROBERT BATTEY, M. D.,
 <i>Rome, Ga., June 7th, 1878.
 Emeritus Prof. of Obstetrics, Atlanta Med.
 College, and Ex-Pres. Med. Association
 of Ga.</i></p> <p>CLAUDE H. MASTIN, M. D., LL. D.,
 <i>Mobile, Ala., June 8th, 1878.</i></p> <p>Prof. H. C. BARTLETT, Ph. D., F. C. S.,
 <i>London, England,
 February 22d, 1876.</i></p> | <p>F. LE ROY STATTERLEE, M. D., Ph. D.,
 <i>Prof. of Chem., Mat. Med. and Therap. in
 the N. Y. Col. of Dent.; Prof. of Chem. and
 Hygiene in the Am. Vet. Col., etc., etc.</i></p> <p>SAMUEL R. PERCY, M. D.,
 <i>Prof. Materia Medica N. Y. Med. College.</i></p> <p>"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."</p> <p>"I have found great satisfaction in the use of LACTOPEPTINE, and have ordered it frequently in cases of Dyspepsia, especially where there is want of tone and defective secretion."</p> <p>"I have used LACTOPEPTINE with very good effect in a number of cases of Dyspepsia."</p> <p>"I have used LACTOPEPTINE with great advantage in cases of feeble digestion."</p> <p>"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purpose for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."</p> <p>"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."</p> <p>"I have used LACTOPEPTINE in a case of Dyspepsia with satisfaction. I think well of it."</p> <p>"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know of nothing which is equal to it."</p> <p>"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote healthy digestion."</p> |
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PRICE LIST.

LACTOPEPTINE, (in oz. bottles,) per oz.	\$1.00
" (in 1/2 lb. ") per doz.	10.00
" (in 1/2 lb. ") per lb.	12.00

*We also prepare the various
 Elixirs and Syrups in combination
 with Lactopeptine.*

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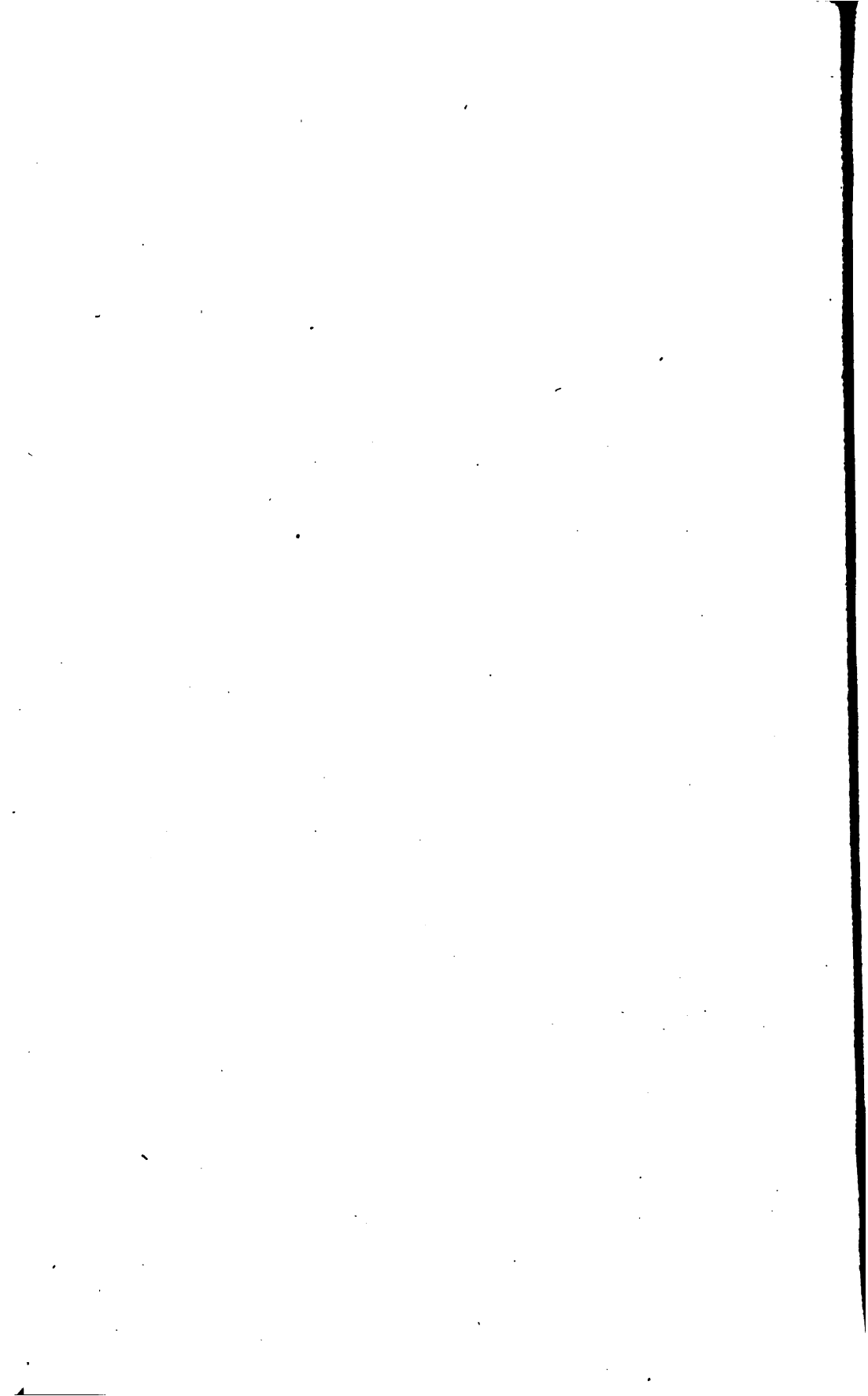
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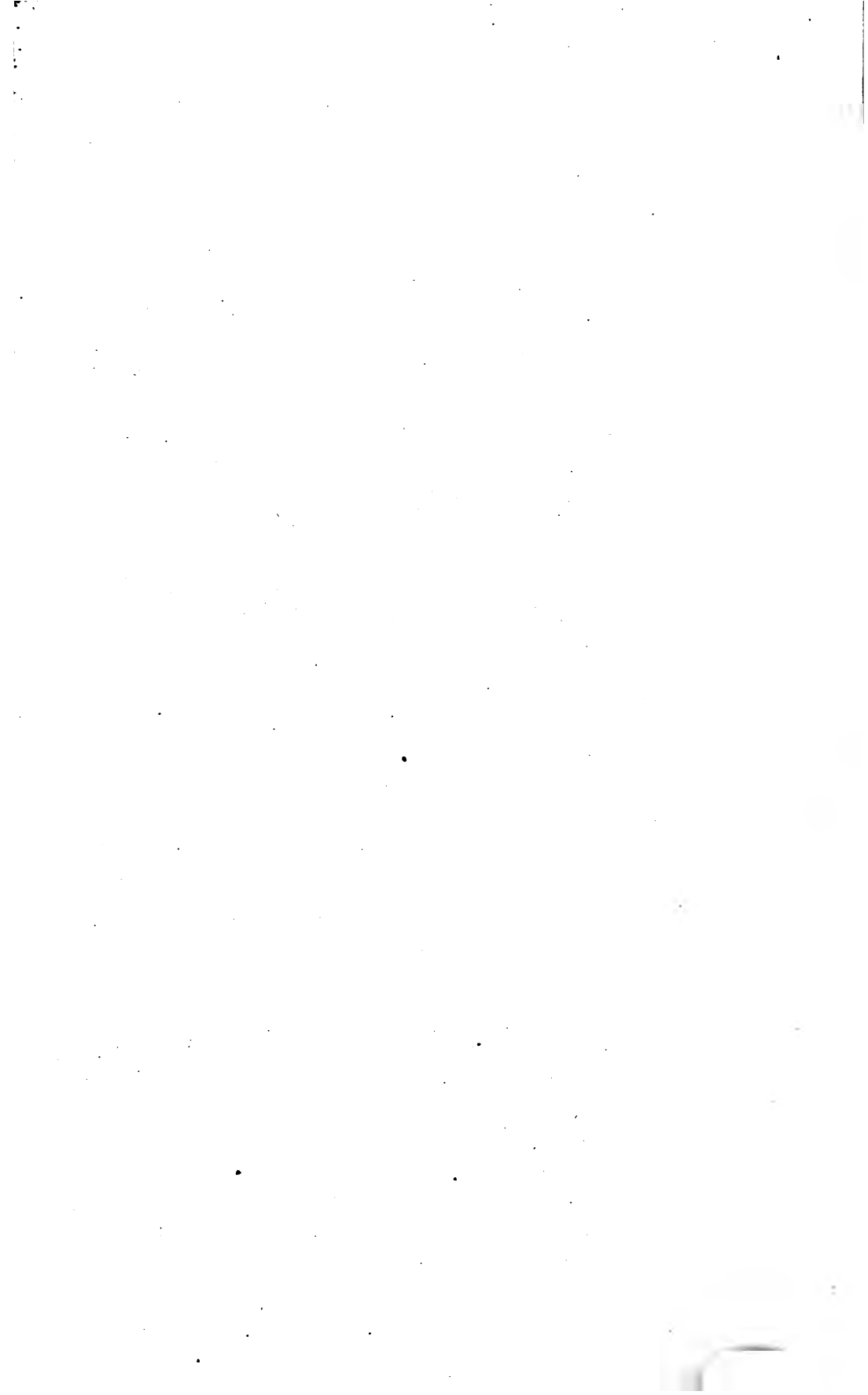
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